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EPIDEMIC ENCEPHALITIS: A NURSING PROBLEM

By FRANKLIN M. HANGER, JR., M.D.

DURING the winter of 1916-17 an unusual neurological disease appeared among the warring nations of Europe. Since then it has spread to many parts of the world and has left a trail of death and hopeless invalidism wherever it has passed. The malady is called Epidemic Encephalitis, the name implying a communicable inflammation of the brain. It is not a new disease. The first descriptions of it in medical literature date back to the Middle Ages; however, in modern times it has never been so prevalent as during the past few years. At present it appears to be on the wane in this country, but no one can predict when another epidemic of even greater severity may follow.

The cause of encephalitis has not yet been determined. There is evidence to show that it is due to a germ too small to be detected by the microscope. All attempts to culture this organism have proved unsuccessful. We do know, however, that it has the remarkable capacity to grow in the human brain. Here it produces an inflammation which damages and often kills many of the cells of the central nervous system. These cells, by a most delicate mechanism, create our thoughts, direct our

movements, and determine our behavior, therefore great havoc may be wrought to the individual by their destruction.

The symptoms of the disease in every case depend upon the areas of the brain that happen to be injured. Each patient presents an individual clinical picture; for example, some are drowsy, some have insomnia, some have paralysis of an eye muscle, some of the whole side of the body, while others have no paralysis whatsoever.

In some cases the nerve cells are only temporarily damaged and the symptoms subside with the acute disease. In others, the injury is more severe so that convalescence is prolonged to months and years. Actual destruction of the cells causes lifelong incapacity. Encephalitis not infrequently proves fatal when the involvement is extensive throughout the brain or when a vital spot, such as the respiratory center in the medulla, is affected by the disease. A brief outline of several case histories will be given to illustrate the variety of symptoms that may be encountered in encephalitis.

Case I—This was a man aged fifty years, who died five weeks after the onset of encephalitis. His first symptoms were twitchings of the muscles in his



CASE I

legs and abdomen. He showed neither drowsiness nor excitement until late in the disease. Gradually he became stuporous by day and restless and irrational at night. He had an irregular fever which frequently reached 103 degrees. As the illness progressed, he became comatose and incontinent of urine and feces. Twitchings of the muscles continued until death. He died of respiratory failure when the disease affected the medulla. Autopsy showed inflammation and minute hemorrhages in his brain, medulla and spinal cord. The photograph was taken when he was lethargic, yet could be aroused.

Case II—This patient was a school boy of thirteen who had a relatively

mild attack of encephalitis. The disease affected chiefly a few small areas at the base of the brain where are located the cells that control movements of the eyes, eyelids and facial muscles. He felt quite well until he suddenly noticed double vision. It was found that he had a paralysis of the muscle which moves the left eye outward. There was also drooping of the left eyelid and a weakness of the right side of the face. He had a slight fever for a few days and brief intervals of drowsiness. He made a rapid and complete recovery.

Case III—This patient was a clerk, aged twenty-two, who shows the expressionless "mask-like" face so characteristic of this disease. It is probably



CASE II

due to injury of the brain cells that control emotional expression. There was also in this patient a slight drooping of both eyelids. His illness began with headache and general malaise. Even at the onset, he noticed drowsiness, but had insomnia and restlessness at night. He then found that he was unable to focus his eyes on close objects. There was an irregular, low fever for several weeks. While the symptoms were acute, he was lethargic, mentally confused, and showed constant twitchings of the muscles of his face, arms and abdomen. At night he was restless and noisy. After two weeks he gradually improved. Recovery was slow and never complete. Even two years later he had frequent headaches and insomnia. His face has never regained mobility of expression.

He is, however, able to continue his business and athletic activities.

Case IV—This boy, aged twelve, shows marked deformities resulting from encephalitis which he had four years previously. At that time he had fever and profound drowsiness. Soon afterward he developed the symptoms that he now shows. His movements are stiff and awkward. The muscles show no "team work," though they are not paralyzed. His face is expressionless, his speech slow and monotonous. Sweating of the face is excessive. He laughs and cries without provocation, yet mentally he seems bright. He has not improved since his infection and probably he will never do so. He gives evidence of a widespread, permanent injury of cells of the mid-portion and base of the brain. Note the expressionless face, the stiff awkward attitude of his body and left arm, and his complete inability to stand alone. A tremor of his head and left hand is indicated by a blurring of the film.

These case histories illustrate merely a few of the symptoms of encephalitis. It is quite impossible to enumerate here the many lesions that may appear in this complex disease. For simplicity they may be divided into four general groups:

1. Disturbances of mental processes, such as—coma, insomnia, delirium, emotional instability and hallucinations.
2. Disorders of motility, such as—paralysis, twitchings, convulsions, muscular rigidity, choreiform movements and many others.
3. Changes in the sensory system, such as—headache, numbness and radiating pains.
4. Disorders of automatic functions, such as—increased sweating, poor sphincter control, inability to focus the eyes, respiratory weakness, etc.

There is no specific cure for encephalitis. There are drugs and serums that



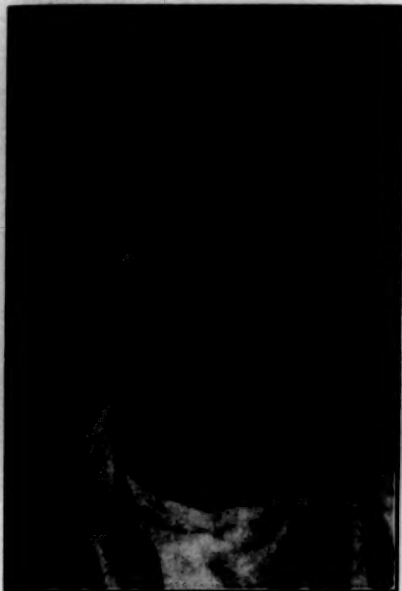
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are recommended to destroy the virus in the central nervous system, but usually they prove of little benefit. Much more important than medicines, is the general care of the patient. The object of good nursing in this disease, as in most acute infections, is to employ every measure that may aid the patient to heal his own lesions.

In few diseases is rest more essential. Patients are kept in bed long after the acute manifestations have subsided, for experience has shown that relapses are more common and cerebral damage is more extensive among those allowed up too soon. They should also be protected from excitement and mental strain.

The number of visitors must be restricted and their conversation limited to the simplest topics. The patients are often capricious and moody, owing to their brain disorder, and it is sometimes very difficult to gratify their fancies, though a reasonable effort should be made to keep them contented.

Patients are better isolated. Encephalitis is not highly contagious as compared with measles or scarlet fever, but an attempt should be made to prevent those in contact with the sick room from becoming "carriers" of the disease. This entails the destruction or sterilization of everything contaminated by excretions from the nose and mouth.



CASE IV

Members of the family must be warned of the dangers of fondling the patient. The nurse, by employing a careful technic, can do much to prevent menacing the health of others. She should wear a gown and special shoes while on duty. Masks are not necessary, but use of a mildly antiseptic gargle may aid in keeping the throat free of pathogenic organisms.

General nutrition should be maintained if possible. The diet may consist of any soft, wholesome food. Some patients are so drowsy that they fall asleep between mouthfuls and only by persistent coaxing can the caloric intake be made sufficient. In addition, it is desirable that fluids be forced to about ten glasses (2,000 c.c.) during twenty-four hours. The bowels are usually in-

active, but can be controlled by mild catharsis or enemata.

Many of the symptoms of encephalitis give rise to intricate nursing problems and determine largely the detailed care of the case. Patients with coma are especially helpless and require most careful attention. Feeding is impossible except with a stomach tube. Fluids can be supplied by clysis or by rectal administration. The jaw often hangs relaxed, and sordes and dried food quickly collect in the mouth unless it is kept moistened and scrupulously clean. Bed sores are prone to develop over the bony prominences of these incontinent, motionless patients. Pneumonia is also common, if they are permitted to lie on the back undisturbed. They are incapable of registering pain or expressing their wants; consequently skin lesions, abscesses, a distended bladder, or difficulties in breathing may develop into serious complications unless the nurse is constantly on the lookout for such abnormalities.

Restless patients present even greater difficulties. For days they may toss about singing, yelling and muttering incoherently. Sometimes they form organized delusions and attempt acts of violence. Sedatives, even in full doses, do not always effectively quiet this excitement. If there is fever, ice bags to the head and cool sponges are valuable measures for delirium. The most soothing effect is obtained with continuous tubs kept at about 97 deg. Fahr. An attendant must always be present to regulate the temperature and to prevent submersion of the face. Maniacal patients should be restrained in bed by force if necessary. Missiles and sharp implements must be kept well out of

reach to prevent their harming themselves or others. Even when encephalitis patients are mentally clear, their muscles are often in constant, violent agitation. As they toss about, the friction of their bedding causes extensive, painful excoriations of the skin. If a bath is unobtainable, the exposed areas should be protected by secure bandages.

Little besides rest can benefit cases showing paralysis. Braces and splints may prevent deforming contractures of a helpless limb. Later, massage and electrical treatments tone up weakened muscles while the injured nervous system is gradually recovering.

Headaches are usually relieved by phenacetin and ice bags. The neuralgic pains are best treated with local hot applications, but they often are very distressing in spite of all forms of therapy.

Rapid, irregular or faltering respirations in this disease should be regarded with alarm, for complete respiratory paralysis may quickly follow. Other symptoms that often forecast a fatal outcome are: high fever, rapid or feeble

pulse, generalized convulsions, hallucinations and cyanosis. Should any of these unexpectedly develop, the physician must be promptly notified.

Convalescence is often long and tedious. Patients have relapses and develop distressing symptoms even after the acute stages of the disease have passed. They become discouraged and impatient as they wait months and even years for signs of returning health. The duty of the nurse is to minimize this great ordeal. Little points that add to the comfort of the invalid may improve his whole outlook on life, and cheerfulness and gentle understanding will often inspire him with a fortitude that will not be downed.

Many never regain complete health. Recovery is usually sufficient for the patients to resume their occupational pursuits, but even in them, residual stigmata usually are discernible. Others, unfortunately, remain mental or physical invalids. Economically they are helpless and constitute, with other incurables, a serious problem for their families and for charitable organizations.

The Children's Bureau, Washington, states that \$1,688,047.12 has been expended by Federal and State governments to promote the welfare of mothers and babies under the Federal Maternity and Infancy Act during the first fifteen months following its passage. The Act has already demonstrated its value in that it has:

1. Stimulated State activities in maternal and infant hygiene;
2. Maintained the principle of local initiative and responsibility;
3. Improved the quality of the work being done for mothers and babies by disseminating through a central source—the Federal Government—the results of scientific research and methods of work which have been found to operate successfully.
4. Increased state appropriations with the passage of the act. From the appropriation for the fiscal year 1922, 15 states were able to accept only the \$5,000 unmatched fund. Six states were able to accept only the \$5,000 unmatched from the Federal appropriation for the fiscal year 1923. All of the states cooperating under the act either have already accepted more than the \$5,000 unmatched allotment from the 1924 Federal appropriation, or will be able to do so. Moreover, since the Maternity and Infancy Act became effective, 33 states accepting it have made definite increases in their own appropriations for the welfare of mothers and babies.

THE SCHOOL OF NURSING COMMITTEE¹

BY ELIZABETH UPHAM DAVIS

THE nursing school is accepted as a part of the hospital scheme. From the hospital point of view it is the means of securing the nursing service at minimum cost and providing such training as will enable the nurses to be proficient in their work. If the hospital selected its nursing employees in the way an industry picks its labor, it would engage nurses already trained, pay them trained nurse salaries, realizing that nursing is a "skilled trade" and that the best labor is the cheapest in the end, or in the absence of trained nurses, the hospital, like many another industry, would engage promising material, "train it on the job," and pay such wages as are commensurate with the service rendered. The nurse, thus being trained, would be fitted for a particular job and unless promoted, or shifted at the hospital's convenience, would remain at that post as long as she is in the institution's employ. Supervisors would be in the capacity of foremen or forewomen. But the hospital has no funds to pay trained nurses' salaries, nor even funds to pay apprentice or journeymen nurses. Rather, it sees in its clinical material the opportunity for nursing education, and promises the prospective nurse training for her life's profession in exchange for service rendered the hospital during her period of training. Thus education, and not wages, is the remuneration of the nurse.

The moment the hospital enters into this relationship with the nurse, the

nursing service becomes not only a labor but an educational problem as well. Thus the training school has the two-fold function of supplying the quality of service desired by the medical men together with the quantity demanded by the labor needs of the institution, and at the same time providing an education which will compete in attractiveness with the lure of college, university, and the multitude of new professional openings to the young woman of today. The training school must be conducted as an educational institution. Students are choosing to enter those hospitals which afford the best educational opportunities. They demand that they be not kept at the hospital task in which they are proficient, but that they be instructed in all the departments, even going to affiliated hospitals for those services not included at the hospital school. The supervisors must be practical teachers as well as intelligent supervisors. Theoretical work must be correlated with practical experience. The Superintendent of Nurses must also be the Principal or administrative head of the school.

The Board of Directors understand the economic phase of the nursing problem for the Board is constantly dealing with the knotty subjects of budget and service. The Board, by its very nature, is experienced in economic problems, for it is usually the men and women of affairs, held in the public's confidence, who are asked to serve on Boards. It is, not infrequently, the busiest men, who carry the heaviest financial and executive responsibilities who unselfishly

¹ Read at the Nursing Section of the American Hospital Association, Buffalo, N. Y., October 8, 1924.

find the time to serve on hospital Boards. They combine sound business judgment with a splendid ideal. Hospital decisions are not made alone in terms of costs, production and efficiency, but also with the vision of the hospital's service to the community. This involves equipment and staff which can in no way bring financial returns. Charity increases the hospital's usefulness but not its returns. Laboratory and research indirectly benefit the community, but very directly add to the hospital's "overhead." The Board is expert in business administration, alive to economic problems and animated by a philanthropic spirit. In no sense is its personnel made up of educators or men and women interested in the administration of an educational institution, and yet the hospital finds itself confronted by the educational demands of its pupil nurses, by the requirements of standard nursing schools, and by its own contract with its nursing employees to give training instead of remuneration. Thus the Board, quite unprepared, is having to take seriously its responsibility for an educational program to its students. The School is, however, but one of the manifold problems which come before the Board, and its solution, like that of other interests, such as purchasing, equipment, financing, building, etc., must be left to special committees to study and report. To the Nursing School Committee is therefore delegated the duty of learning the needs and safeguarding the interests of the school.

THE NURSING SCHOOL COMMITTEE

The personnel of the Nursing School Committee must include those members of the Board who are interested in edu-

cation and willing to study the curriculum and requirements of nursing educational standards and who have a sympathetic understanding of young people and their point of view. The medical staff should be represented on the committee by a doctor who not only knows the qualifications desired by the profession for the nurse, but who also realizes the demands the profession and patient make upon the nurse. The Principal of the School and Hospital Superintendent are, of course, members of the committee. In addition to this group, representing the Board, the Medical Staff and hospital officers, the alumnae association of the school might like to be represented on the committee, and the nurse herself would undoubtedly have a real contribution to make. There might also be professional educators in the community who, while not especially interested in hospital details, would have valuable suggestions to offer along broad educational lines. The alumnae representative and members selected from the community at large suggest the possibility of going outside the hospital Board and staff for committee members. To be sure, these outside members would be chosen for the particular service they could render the Committee, and it is probable they would prove more valuable members than the Board representatives themselves. On the other hand, confidential matters, not desirable to be discussed outside of the hospital, must come before the committee. For example, such subjects as change in the administrative head of the school, the fitness of members of the graduate staff and student morale are all advantageously confined to the Board and hospital authorities. The

question is therefore raised whether the committee enlarged to take in very desirable members outside of the Board is not in the end handicapped by a committee too large to be workable and embarrassed in the discussion of certain subjects by the presence of those not authorized to act. The size and interests of each hospital Board will suggest whether it is advisable to confine the Nursing School Committee to Board members or to add an outside group. If the latter seems the better way, the overcoming of the difficulty of size may be obviated by dividing the committee into sub-committees such as committees on curriculum, school budget, the nurses' home, social life, etc. The embarrassment, too, of the presence of outside members may be lessened by selecting the chairmen of the sub-committees from the Board and only calling the chairmen and those members who sit in at the Board meetings into a conference devoted to confidential hospital subjects. In this way the disadvantages are eliminated and the training school may have a workable committee of persons particularly fitted to further its interests.

The committee and sub-committees should have a regular time to meet, such as once a month. Less frequent meetings would fail to keep the Board in touch with the activities of the school. Unusual circumstances may justify more frequent meetings and the Principal should be at liberty to call special meetings in emergency.

THE NURSING SCHOOL COMMITTEE AND THE HOSPITAL BOARD

The Nursing School Committee is a feasible way of insuring the continued

interest of a group of Board members in the nursing school and the means of keeping the Board as a whole informed of the general school and nursing situation. Its chief purpose is to represent the interests of the School on the Board. While the details of the school may be left to the committee, the Board should determine the policy of the school, support it by an adequate budget, and be informed from time to time of the school's progress and activities.

The kind of nursing the hospital intends to give its patients necessarily shapes the policy of the school. For example, an institution dealing largely with chronic and convalescent patients needs reliable and faithful attendants rather than the more highly skilled nurse required in the hospitals caring for acute and surgical cases where technic, observation, judgment and ability to meet an emergency are essential qualifications of the nurses.

Not only the kind of nursing, but the type of nurses the hospital desires to attract also determines the policy of the school. The girl of grammar school education may make as faithful an attendant and as willing a worker as the high school or college graduate but she cannot be expected to have the same background or the same intelligent grasp of the subject as the student of advanced attainments. The college woman has a command of theory which should enable her to assume greater responsibility and to go farther in the teaching fields of nursing than the high school graduate.

Of all the professions open to women today, nursing will always have an especial appeal. It attracts the fine womanly qualities, it trains the hand,

the heart and the mind. The opportunities for service which inspired Florence Nightingale are as great as ever before. The background, the education, and the ambitions of the student may lead her into the fields of the nurse attendant, or into those of the graduate nurse, with such specialities as public health, visiting, hourly or industrial nursing, private duty, or institutional and executive work. Certain it is, the prospective nurse will select that hospital training school which offers her the richest opportunities for preparation for her career. This is evidenced by the fact that some schools have to offer a small remuneration to entice students to it, while others can demand a small tuition fee and still keep a waiting list of students. Needless to say, the hospital which offers fine training, claims the more ambitious students and the hospital which has a waiting list has the tremendous advantage of picking and choosing its pupils which lessens the later sifting out of poor material, and builds up a superior nursing service and morale.

In determining the policy of the school, the cost is the final consideration. The teaching demands of the various types of students are very different. A subject admirably presented to the high school student will be a distinct failure if offered in the same way to the college graduate. The better qualified the nurse on entering, the greater will be the necessity of fine teaching to hold her. Not only must the theoretical work be given in a scholarly way, but the graduate staff must be practical teachers as well as competent supervisors to hold the respect of the critical and ambitious student. The cost of

proper equipment and able faculty is a part of the school budget and must be understood by the Board. An ideal situation is endowment of the training school just as other professional schools operate under endowed funds. The affiliation with college and university is a happy solution of the problem of financing the unendowed school, as it insures good academic instruction in institutions where professors are experienced and equipment adequate. Moreover, the student receives the dignity and impetus of the college credit. The hospital, as its part of the affiliation, may easily be expected to furnish the student with clinical material and a practical teaching staff of high order. The students benefit by this arrangement, as they receive an instruction which it would be impossible to give without large endowment, and the hospital benefits by being relieved of the burden and overhead of attempting theoretical instruction and receives its nurses partially prepared and selected, so that there is less "turn over" and the nurses are ready to give intelligent service. Whether the school operates under endowment, affiliation or gives all training through its own teaching resources, the Board must take the responsibility of the cost of the training in setting the standard and outlining the policy of the school.

The Nursing School Committee may change its personnel, but it outlives changes of administration. This committee is particularly important to the Board during changes of the school head, as it safeguards the standards and the policy of the school. It sees that the new Principal is capable of carrying on the ideals and traditions of the

school. This way of perpetuating and developing a school through the interest and protection of the Nursing School Committee is in contrast to the method so often employed of engaging a school Principal without the Board appreciating her ideas on nursing education or themselves understanding the standard and measure of their own school. The policy of the school is thus left to the dictation of each head and too late the hospital may find the school has dropped in its rating and an inferior nursing service is felt throughout the institution in both faculty and students.

The busy members of the Board should not be burdened with the details which are the duty of the Committee, but they should know their Superintendent of Nurses and she should appear at Board meetings when matters relating to the training school or nursing service are discussed. In addition she should report from time to time to the Board the progress and general development of the school and nursing service.

THE NURSING SCHOOL COMMITTEE AND SUPERINTENDENT OF NURSES

The Superintendent of Nurses may consult with the Board on matters of policy and budget and with the hospital Superintendent on details of administration, but it is only with the Nursing School Committee that she may discuss her particular school problems. A Nursing School Committee which is functioning effectively acts as an advisory group to the Principal. The committee members should know the faculty, something of their ability and personality, as well as the type of students enrolled. They should know that students are having the right amount of

theoretical work correlated with the practical, that they are receiving the proper assignments to the various services and night duty, and that overwork or too long hours are not breaking down efficiency as well as health and morale. Too great a "turn over" in faculty or student body, due to illness or dropping out suggests a study of living as well as working conditions. Illness may mean strain, unwholesome conditions and lack of proper preventive measures and safeguards of health, while dropping out may indicate dissatisfaction in the hospital school or home, overcrowding, unhappy atmosphere, or unfortunate social and recreational life. The dropping of too large a proportion of probationers, while not as serious as the falling off of advanced students, does suggest laxness in selection and entrance requirements or dissatisfaction on the part of the students. Discipline is a more serious problem in a nurses' school than in any other educational institution, as a slip on the part of a nurse may involve the suffering and life of human beings. The student may justify "another chance" as far as her offense goes, but the risk may be too great to the hospital. The error, which may be due to nothing more than fatigue or rush on the part of the student, may have serious consequences for the patient and the student must be heavily penalized. All that may be said for self-government in colleges holds true in nursing schools. The students must become coöperative and responsible of their own initiative, yet the conduct of the students is not alone for their own benefit, as in a college, but for the protection of the patients as well. The Principal of the school, with such

assistance as she may desire from her faculty or student government, must be held responsible for the discipline of the pupil nurses. In cases of severe discipline, the Principal is often most eager to share responsibility or to have the backing of the Committee. In some cases she may even prefer to have the Committee assume the duty of a court of appeals where the student is given the opportunity to state her case before an impartial committee. Such a court acts as a protection to the student, the Principal and the hospital. Thus the accusation of haste, harshness, clash of personality, and unfairness are ruled out in punishment.

The special nurse service is one which does not come under the nursing school proper, but is nevertheless the responsibility of the Superintendent of Nurses. She cannot maintain the discipline nor dictate to the graduate nurse as she can to the student nurses, yet the special nurse must be under some regulation which insures loyalty and coöperation to the hospital as well as service to the patient. She must meet certain qualifications in order to nurse in the institution. The management of the special nurse service involves the policy of the institution and school. Shall the hospital attempt to provide a nursing service so adequate that the special nurse is only needed in extreme cases, or shall the school merely maintain a floor service to cover necessities, and so encourage the special nurse whenever the patient's finances permit? Undoubtedly the institution which gives adequate floor nursing to all but the extreme cases, offers the best training to the student body, but the hospital pays the expense of this extra service in addi-

tional floor nurses and supervisors, while under the special-nurse scheme the expense falls upon the patient. Thus the policy and budget of the school have a bearing on the special nurse service and must be considered by the Nursing School Committee. Whether the special nurse is encouraged for all cases in the hospital or only recommended for a few, there will always be a group of special nurses for whom the committee is responsible to provide their proper comforts, privileges and consideration.

The Nursing School Committee may assist the Superintendent of Nurses in another advisory way. The Committee is acquainted with the personnel of other Boards and institutions and knows something of their coöperation with one another and the civic and social life of the community. It is often a knowledge of these which makes one of two equally good plans especially advantageous and workable for the particular institution and it is just this information which the Committee is able to give the Superintendent of Nurses. The initiative of changes and policy in the school should come from the Principal, but she should consult the Nursing School Committee before radical measures are put into effect.

THE NURSING SCHOOL COMMITTEE AND THE PATIENT

The Nursing School Committee is a lay committee and herein lies its chief advantage to the patient as it sees the hospital and nursing service from the lay rather than professional viewpoint. The institutional workers cannot possibly have the detached view of the outsider for the very reason that they are

behind the scenes and are absorbed in the mechanism of making the wheels go around. The finer and better the professional workers the more they are a part of the institution. The patient, however, cares nothing for the institution. He takes the organization for granted. His particular comforts and interests are uppermost in his mind. Courteousness and graciousness on the part of the nurses and especially the little touches which give the patient the feeling that he, as an individual, is of special thought to some one, give him confidence and the happy impression of service. On the other hand, if he senses an institutional atmosphere and feels himself a part of the hospital routine, the hospital will always remain a cold and forbidding institution to him, no matter how perfect his care may have been, nor how faultless the equipment and nursing technic.

It logically comes to the Nursing School Committee to consider the details of the patient's comfort as the patient's satisfaction is so closely bound up with the nursing service. In fact, it is no exaggeration to say the patient judges the hospital by its nursing service. One slip in the nursing, and the patient is antagonistic and suspicious of the hospital as a whole. Quite justly he loses confidence in the institution when that part of the service fails with which he is most intimately concerned. It is always the policy of the Board to try to please the patients, but the Nursing School Committee knows that patients can only be satisfied as the school takes the responsibility for instructing the students in the fine points of service, and seeing that supervisors are women of tact and graciousness who are a con-

stant example to the pupil nurse. The student nurses will be quick to catch the spirit of a warm hearted human interest in the patients if they see it displayed in their supervisors. This spirit must be evident at the admission desk, in courtesy extended friends and relatives, in the consideration of the patient's psychology throughout his hospital experience and in a "reverence for his personality." Only too frequently in the past, the nursing force has been too small and nurses and supervisors have been so rushed, that getting through the necessities of routine was all that could be expected of them, with the result that nurses have been graduated who justify the ever recurring criticism of coldness and indifference. The Nursing School Committee which desires to give the patient the satisfaction of a pleasing, as well as an efficient nursing service, must not only supply enough nurses and supervisors to prevent rush, but select those in authority who, by example and demand, inspire the pupil nurse to consider the courtesy of an act as a part of its technic.

Hospitals have various ways of inviting constructive criticism. Whether it be by the personal visit to the patients of the Superintendent of Nurses, one of her staff, or request for written criticism on departure, the Principal should consider the trend of criticism most carefully with the Training School Committee.

The interests and activities outlined for the Nursing School Committee possibly suggest interference or dictation by the Committee. This is not the intention, as a competent Superintendent of Nurses should be in charge and

she should be given a free hand if she is to be held responsible for the school and nursing service. She should develop her own methods and not be hampered by a non-professional meddling committee. Moreover, the committee meets only once a month and so could hardly be more than in touch with the school. But, within its limits, the committee should function actively; first, representing the interests of the school on the Board, safeguarding the policy of the school during changes of administration and keeping

informed of progress in nursing education so that it may know that the standards of the school are being maintained; second, acting in an advisory capacity to the Principal on the curriculum, faculty and student life; and third, considering the hospital from the patient's point of view so that routine may be as mindful of his comfort as it is efficient to the institution, and that he may experience that courtesy and nicety in the nursing service which endear the hospital to the community.

THE BATH LIST

BY SALLY JOHNSON, R.N.

THIS chart provides for recording the condition of heads, the possession of tooth brushes, and the giving of baths. The initials of the person giving the bath appear in the first space.

In the wards, three baths a week are given and when this is accomplished, none is given on Sunday.

In the "head" space is placed a sign indicating the condition of the head (key at the upper right hand corner), and the initials of the person who cared for the head is in the same space. This is usually recorded once a week.

Every patient must have a tooth brush. A check indicates that this has been provided. The provision of a tooth brush is the responsibility of the head nurse, and it is not initialed.

The letters "Ad." for admission and "Dis." for discharge appear under the date on which the patient is admitted or discharged. This helps to explain vacant spaces. For instance, "Carr" was discharged on Tuesday and "Lane" was admitted on Saturday. This sheet is placed on the bulletin board of the Utility Room.

The American Nurses' Association has been accepted into membership in the National Council of Women, which will entertain the International Council of Women in Washington, D. C., in 1925, the first time that the International Council of Women has ever convened in the United States.

The Bath List

1105

800-666-6666

MASSACHUSETTS GENERAL HOSPITAL

BATHS

T. B.-TUB BATH

A. B.-ADMISSION BATH

Q. Q-BED BATH

V-TOOTH BRUSH

BATH LIST

WARD

HEAD O-CLEAN + - MEDIC

DATE July 28. 1924

MOM

TUES

WEC

TM2023

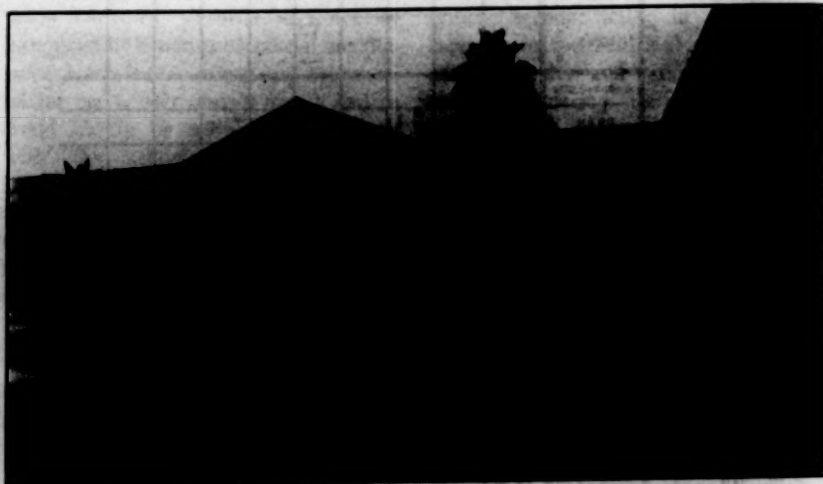
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NOTE

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A DAY AT STANFORD SUMMER SCHOOL

By RUTH A. WESCOTT, A.B., R.N.



MEMORIAL COURT, STANFORD UNIVERSITY

A GORGEOUS morning when you awake at 6:30 a. m. and go for a brisk walk about the "Quad," or up the hill before breakfast! You have only a week left, and back to the community from whence you came! Where may that be? Country or city or state, from the Atlantic to the Pacific Coast — Washington to Texas and Mississippi.

What are you going to take back to that community, to the hospital school of nursing through which you work? Not merely new zest and life, because of five weeks in a delightful climate on a charming campus, but much more, in a new interest and enthusiasm for the solving of nursing education problems in that community, and a definite conception of the phases of those problems which lie at your door. Beginning at eight o'clock in the morning, there are

a lecture and long conference with Miss Logan, who this year directed the summer course. Interesting discussions are held on the professional education of the young woman who desires to prepare for the field of nursing. Many problems brought by nurses from the various communities enliven the period with argument, question, criticism and suggestion. There are the problems of the dual function of the nursing school, the separation of the school from the hospital, the budget, the raising of the academic standard, the proper clinical facilities and adequate teaching equipment, the adequate faculty, the curriculum, the instruction itself, the catalogue, the life of the student in the "home," the preparation for her future in the profession and many more. Coming away from class, you know that the future of nursing education—whether it will grow

surely and steadily toward its ideal in giving young women a vital and growing interest in human service—depends largely upon you. Miss Logan's own enthusiasm has given you such vision as you have not yet had, and not only the vision, but a knowledge that it can and will become a reality through your efforts.

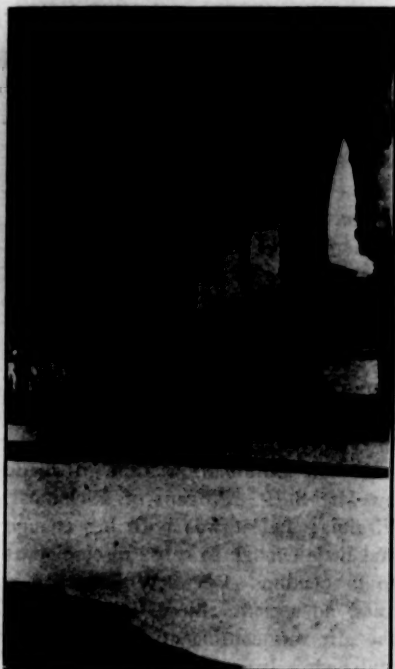
Other professors offer fascinating courses in sciences fundamental to nursing,—Psychology, English, History, etc., in which you may be an active member or an auditor.

The post office awaits you, and this is the day of the assembly, and Dr. David Starr Jordan, the honored President Emeritus, is the speaker of the day; his subject—"The Infinitely Great, the Infinitely Small, and the Infinitely Variable"—and you realize again what a wonderful privilege is yours in studying at this great University.

At 1:30 p.m., Miss White, instructor at Stanford School of Nursing, will be ready to conduct you through the mazes of teaching Drugs and Solutions and the other subjects in the curriculum. Do you know what aims you should have in teaching? Do you know how to accomplish them? Miss White will aid you in answering these questions and you will be eager to return to your school of nursing and try these methods.

Late afternoon, you must swim in the outdoor pool. Today, perhaps, there will be a visit to the Stanford Convalescent Home for Children. This is a delightful walk through the Arboretum, the cactus gardens, the farm, to Mrs. Stanford's home, which is now a most delightful home for children in need of much sunshine and air.

Another visit to the post office, dinner,



THE ARCHES OF INNER QUAD

a lecture or musicale in the Little Theatre, or study, and then perfect sleep and rest for the next day.

This is only a typical day spent by the group of nurses attending the five weeks' course in Nursing Education given at Stanford University during the summer quarter of 1924.

More and more are we in the profession realizing the need of a greater knowledge of all education, its growth and its purpose, of world betterment, to adequately provide in our schools of nursing the facilities for developing and accomplishing our own aim of health service. That is the reason for such a course. Stanford University offers to nurses a great opportunity to fit themselves in nursing education.

THE "COTTAGE SET ON A HILL"

BY AGNES D. RANDOLPH, R.N.

IT came at a time when the Graduate Nurses' Association of Virginia sat with folded hands, apparently waiting for the spirit to move them. There was no consciousness of our spiritual dearth in the mind of the philanthropic gentleman; he gave to us by giving to others. He offered a sum of money to Dr. Ennion G. Williams, State Health Commissioner, to be spent for the good of Catawba Sanatorium; he incidentally set us a task which was to take many years to complete.

A thousand dollars was the gift made by Mr. S. P. Morgan, of Richmond, Virginia; and it was both big enough and little enough to cause discussion as to its spending. Doctor Williams had in mind no specific object,—and, besides, the gift was contingent upon its being matched. It happened that Doctor Williams met the writer on the street. "I hear you are president of the Nurses' Association," he said. "How would the nurses like to have a thousand dollars to build a cottage at Catawba for tuberculous nurses?—only they must first raise a thousand themselves." It was breathtaking. "We'd love it," I said.

The Graduate Nurses' Association had secured registration and were not definitely at work on any particular object; but through many sets of circumstances—the inevitable matrimony, for instance—there were not sufficient officers to sponsor such an undertaking, and we were too young to be able to handle called meetings and big debts. In such a predicament, it was necessary to collect a few chosen spirits to discuss possible methods. Nancy Minor,

Florence Black, Elizabeth Webb, Elizabeth Cocke, probably three or four more, came and we determined to wish the responsibility off on the Richmond Nurses' Club until the annual convention of the State Association.

The Club entered enthusiastically into the spirit of the affair, never dreaming that we had deliberately "put one over on them." They worked hard, and came with an offering of some two or three hundred dollars to the State convention. We were only to match the original thousand; a balance of seven hundred dollars looked small. The State nurses accepted Doctor Williams' offer, and the undertaking was officially launched.

That piece of work started us at the very nethermost foundation of organization. There was no card index of the State nurses, and I remember the evenings spent around the table in the dining room at the Nurses' Settlement at 223 South Cherry where we worked together to achieve this masterpiece! Alumnae were approached, too, and asked to work as an association for the Cottage. It would be nice to remember all the people who responded,—Julia Mellichampe and Ethel Smith, of Norfolk; Celia Brian, of Danville; Virginia Thacker, of Roanoke; Mary Ewald, of Catawba itself—these are just a few of the many, and since there were so many, it is unfair to mention these. Those early efforts at organization and combined usefulness have borne good fruit in successful enterprises and enlarged membership.

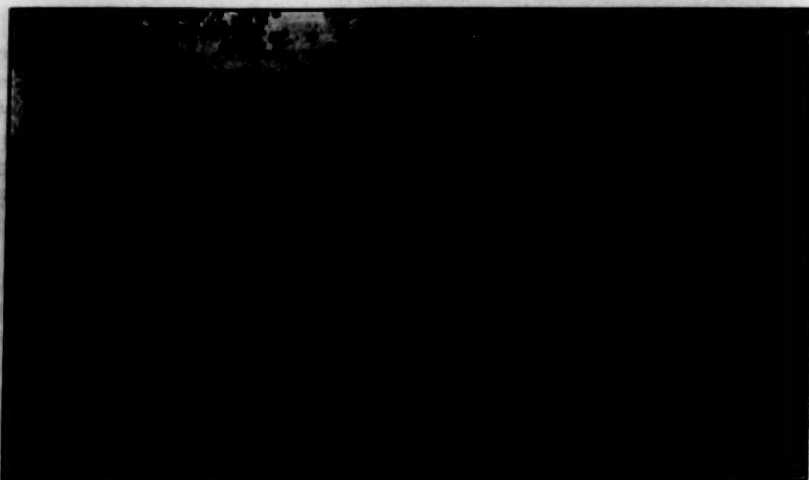
At first the fruit they brought was in

the highly satisfactory form of dollars and cents. It came from many sources: from individual donations, to which we were already accustomed through the sick benefit fund; and from all forms of money-raising schemes, dances, concerts, card parties, lunches, moonlight excursions; it was in this latter that Richmond excelled. Florence Black was President of the Richmond Nurses' Club and is prominent in my mind, abetted by Elizabeth Webb, as the originator of the excursion scheme. Almanacs were consulted for moonlight nights, and in January we were all ready to pledge ourselves for a particular night of July or August, pledge ourselves to the tune of one hundred dollars of the Club's good money. They are fine money makers, moonlight excursions. Somehow the gods were good to us, and I remember no rain on our excursion nights during the two or three years we had them; always there was brilliant moonlight on the romantic banks of the James, rejoicing all except the poor committee. Our torment started with tickets, of which I remember we always sold some hundred more than the number of people the boat would hold; then we suffered torment over whether or not it would rain; more torment came over the marshalling of the crowd, and doubting whether they would behave; and final torment over selling them cold drinks and ice cream, we, ourselves, standing ankle deep in ice cold water while we did it; for what with the ice filled tubs for the ginger ale, and the wooden tubs for the ice cream freezers, one of which overflowed, while the other leaked, we always bade fair to go home to die of pneumonia!

Ah, the days of youth, with their

enthusiasms and their martyrdoms! They are glorious to live, and to relive in memory. Probably each generation will feel that its particular forms of play are the best the ages have given. I am, at least, certain that no nurses of today can have greater thrills than did our crowd while we worked and played for the Cottage at Catawba!

But the great thing is that we built it, and at a cost of about \$5,000, too. With the efforts of everyone in each city, the money came at last. In August, 1914, there was enough in hand to enable us to consider breaking ground. We were wise enough to let the Catawba group work over plans with the architect, and we combined the idea of a home and a sanatorium. It gave us a cottage with a living room and four bedrooms, and a porch big enough all by itself to care for the seven patients. The blue prints drawn and redrawn, the time had come to build. Doctor Williams allowed us to choose the location and I still recall the keen pleasure we took in viewing and discussing possible sites with Miss Ewald. Should we choose one where, in the spring, apple blossoms would shower themselves down in soft pink clouds upon the nurses? or select the one from which we caught glimpses of the "everlasting hills"? Should we go across the ravine into encircling green hills, because of the easy grade from the dining hall; or should we risk the up-hill walk, and build for a sight of the blue mountains? At last we chose the hillside, where the Cottage was to nestle close amid trees with the porch looking out upon distant mountains. Few, if any, have regretted that we yielded to the beauty of those distant hills.



NURSES' COTTAGE AT CATWABA, VA.

Perhaps no building was ever done within its estimated cost; and, for the Cottage, expenses grew a bit. Everyone was interested, even thrilled, to have a hand in such a venture, and therefore, when the Chairman reported that additional money was needed, the decision was made to take to complete the build-

ing the amount which had been intended for furnishings, and to allow each city, or perhaps a single alumnae association to furnish an individual room. It was a pretty thought. Norfolk furnished a large double room and Roanoke followed suit, while the Old Virginia Hospital Alumnae and the Memorial Hospital



Alumnæ, both of Richmond, and the Danville nurses, took each a single room; leaving the living room for the Richmond Nurses' Club. I think love went into every stick of furniture and into every stitch in the pretty hangings!

At last it was done! The State Board of Health, in accepting it, made the agreement that if there were a vacancy on the Cottage a nurse need not go on the waiting list. In the days when the waiting list was as long as the capacity, prompt admission was of immense benefit. Again, a nurse might remain indefinitely at the Cottage; the six months' period of stay which was the rule for other patients was set aside for these, our own beds. The cost of care was the same, and of course the nurses were to conform to the rules of the Sanatorium. Prompt admission and indefinite stay were concrete benefits, and the sense of being in a place of her own building let the nurse thrive under a feeling of homelike proprietorship.

The thought that the sick nurses must pay always hurt us. There had been a tiny balance, \$13.33, to be exact, when the work was done. At the first annual convention after the opening of the Cottage, in the spring of 1915, it was determined to raise a fund to endow at

least one bed. We would need \$6,000 for this purpose, and even then as long as the present rate of \$1 a day was maintained, there would be a small deficit whenever a nurse was cared for continuously throughout the year. With the \$13.33 we went to work. Thus, the Cottage gave us the creative impulse, made us grow! We were older in the ways of organization by this time, and yet the second fund grew more slowly than the first; for the Cottage was finished four years after Doctor Williams' proposal had been made, and the second fund was not finally in hand until the spring of 1922. Perhaps the War retarded us. The fund was put into a trust in 1922, and had already maintained a nurse for six months before the trust papers were ready for signature.

Thus our Cottage came to be set upon a hill. Intended at first for seven nurses, ten beds soon found their way there, since the porch was wide and the need great. Unhappily it is almost always filled by nurses and can but rarely offer its hospitality to women outside the profession. Of the nurses who apply for admission, it asks no questions; pupil or graduate, members of our association or visitors within our gates,—to all alike it gives welcome.

THE WARD MANUAL

BY HARRIET L. P. FRIEND, R.N.

THE Ward Manual or ward standard book, as it is sometimes called, has gradually evolved in connection with the movement for increased efficiency and standardization in hospital management, including care of patients. The growing complexity of these problems is constantly spoken of, and any device

which assists in the working out of such problems is of great service. The Ward Manual has been widely enough tried to prove itself to be such a device.

In short, the Ward Manual is a gathering together of all helpful information which will assist in the running of a hospital ward. The most convenient

form seems to be loose leaf, typed sheets in the ordinary note book cover. The medium size cover seems to me to be the type most easily handled, but smaller or larger sizes might fit certain situations better. It is hardly necessary to say that the loose leaf form makes it possible to add new sheets at any time and also to remove sheets, as orders and instructions are changed. The sheets should be indexed in some form for ready reference. I might also say that the side opening note book cover is the more convenient form.

To introduce the Ward Manual, the purpose should be discussed in conference and each addition or subtraction of the contents should be worked out there.

To make a beginning, as many note book covers of the desired size should be obtained as there are wards in the hospital. The individual ward number or letter should be stenciled or stamped on the cover destined for such ward. A good supply of the proper size paper should be laid in also.

First, all standing orders of physicians may be typed in duplicate and a copy placed in the appropriate cover. In different departments, in charge of different physicians, there would probably be differences in standing orders.

Next, the routine orders for admission and dismissal of patients might be typed and added in the same manner. Samples of all forms that are used in the management of the ward should be added with such directions as are necessary for the correct use of these forms.

The standard ward equipment should be listed and included, as for instance the equipment of utensils to be found

in each ward and, if possible, where it is to be located, similarly, rubber goods, instruments, contents of the medicine closet, etc. With a central linen closet, the standard for linen would not be included, otherwise this standard would be included in the Ward Manual. Formulæ for solutions to be made up on the ward should also be included.

My experience has been that the weekly dish count and the monthly and weekly inventories of various equipment should be made in separate books. These have to be carried from place to place for checking and to the supervisor's office for approval. Subject to more or less hard usage, they are best kept in inexpensive scribblers. The standards for such counts however should be in the Ward Manual. The provision for the above mentioned separate books does away with the necessity of taking the Ward Manual from the wards, as it is in more or less constant use there.

As the duties of each of the ward personnel are outlined, such should be typed and added to the Ward Manual. One can easily see how valuable this is for the new head nurse or in the instruction of new members in the ward personnel. It also tends to prevent lapses in routine. I remember once in my own experience, when all instructions were transmitted by word of mouth, that I faced a shortage of dish towels and dusters, because my predecessor had omitted to tell me in the press of much more important information to be transmitted, that such exchanges were made on the fourth Monday of each month.

Most important in the Ward Manual is a condensed outline of each ward procedure in the care of patients. Such

an outline would contain a list of all articles needed in each case with a summary of the method to be used. Such outlines, after approval in conference, are a means of standardization, also an economy of time and effort as well as review for the student nurse. When treatments not so frequently used are ordered, the student can consult the necessary outline, find out just what equipment to assemble and a summary of the method. In an emergency it also gives her assistance. The "special nurse" might also find these outlines of use.

In relation to changes in the content of the Ward Manual, some care will be needed to see that the new material is added and that the obsolete pages are

removed. Probably the best way to be sure of this is to have one person responsible, who will add the new pages, taking out those out of date. Changes can be noted on the bulletin board.

It does not seem that any argument is needed for an agency which provides for preservation and centralization of necessary information. This can truly be said for the Ward Manual and the installation is so simple and inexpensive that the use of it should be widely extended. With such use, each institution will find increased uses over those that have been indicated in this paper and in addition a further step in efficiency in the care of the patient, which is after all our final goal.

THE DELANO RED CROSS NURSES

BY CLARA D. NOYES, R.N.

ISOLATION, primitive conditions and extreme poverty are characteristic of localities to which a Delano Red Cross nurse is assigned. Though every public health nurse at times knows what arduous work, strain and discomfort are—no one better—the position of their counties or towns does not generally accentuate the difficult side of the work and add to the tension and trials. But this is the case with the Delano Red Cross nursing service.

It was established through the will of Jane A. Delano, for ten years Chairman of the National Committee on Red Cross Nursing Service. Thirty-six years ago she worked among the wives and children of the Copper Mining Company employes, Bisbee, Arizona, when she realized what a public health nurse

meant to rough and ready localities. Recollections of that time caused her to lay aside a sum of \$25,000, the income from which, plus any royalties from her textbook, *Home Hygiene and Care of the Sick*, was to go to the support of one or more visiting nurses who, in memory of her father and mother, should serve communities of themselves unable to afford a nurse. To be chosen a Delano Red Cross nurse means to be in possession of outstanding characteristics among which are courage, grit, determination, perseverance, persistence, finesse, diplomacy. The profession produces no finer type of woman than these who pledge themselves to serve from three to five years so that health principles may be laid on a firm foundation in communities where before they have



MISS STELLA FULLER IN A BIDARKA OFF THE COAST OF ALASKA.

been utterly unknown. Exactly what this means and what is involved may be gathered from the stories of their work which follow.

Today, Delano Red Cross nurses number five. Stella Fuller was appointed on October 1, 1922, to fifteen hundred miles of the terrible wind-ridden islands and coast of shut-off Alaska; Margaret Harry, also in October, 1922, went to the high mountainous district and primitive folk of Macon County, North Carolina, in area 400 miles square and all of the roads bad; Edith M. Spiers, on September 5, 1922, was chosen for the islands of Penobscot Bay, Maine, at times inaccessible in winter; Emily Thornhill on January 1, 1924, took up her position among the serried hills and valleys of Buchanan County, Virginia, an area of 514 miles with not a mile of surfaced road in the county and but

three wagon bridges for the many rivers and creeks; and Janet Worden was selected on February 18, 1924, for the sparsely populated, wonderful mountain district of the central counties of Idaho.

An idea of Alaskan isolation may be gained from the fact that to the people in the settlements, canneries and salt-eries which Miss Fuller visits, the monthly call of the steamer is an event. They come in from neighboring islands or fox ranches in motor boats and dories. Stores and eating places make preparation. Every one gets up early. Even if it be night before the vessel makes port, they wait up for it and men, women and children, as well as all the dogs, go down to the wharf to welcome her in. At one place the ten white women prepare for "boat day" as for a special social affair, for they are generally invited to dine on board.

Desolation is left behind when the boat leaves—until it is time to make preparation for her next call.

Living conditions are appalling and health conditions deplorable in many places but especially among the natives, owing to the absence of doctors, dentists, clinics, dispensaries. On some of the islands the housewives are clean but have no knowledge of sanitation. They line their walls and ceilings with oilcloth which they wash regularly; they cover their floors with white sail cloths and the cleanest of hand made rugs; they insist on the whole family taking a Russian bath; but they cannot comprehend how disease is spread through common utensils, coughing, careless living.

Obstetrical work is carried on amid difficulties. This February on an icy ship at one time wind-bound for four days, Miss Fuller set out to attend a would-be mother from Perryville who had to come out to the steamer in an open boat at night time. She climbed up the rope ladder and over the ice-covered decks, finally falling into the nurse's arms, weeping with nervous fright. On the way to Unalaska the steamer struck a sand bar at the time the woman announced herself in labor. Fortunately it was a case of false pains and the child was not born until the mother was in safety at Unalaska. On another occasion, at Unalaska, Miss Fuller attended one woman in childbirth, took care of the mother and baby, sterilized and demonstrated the arrangement of the delivery room in the homes of three prenatal cases, had one case of appendicitis in the hotel, called on a chronic case, and answered one emergency request.

As elsewhere there are the "ups" as

well as the "downs." Volunteer service is cheerfully forthcoming. The A.R.C. chapter headquarters at Seward is rapidly reaching the dignity of a health center. And its rent at their own request is partly defrayed by the men of the steamer "Starr" on which the Delano Red Cross nurse makes her trips.

Around Highlands, which is Miss Harry's headquarters, a village twenty-five miles from a railway station, dwell mountain folk more than a hundred years behind the times. Many of the people believe in conjuring disease away and use the most extraordinary remedies possible. Before arrangements were made for a horse, this nurse tramped great distances to reach patients and found herself often alone in the forest at nightfall because of the length of the walks. No wonder Tolstoi's words occurred to her, "I live like a tramp to teach tramps to live like men." A loan closet has been established, and as there is a great deal of sickness at times, hitherto unknown comforts like bed pans, urinals, syringes, rubber operating pads, blankets, hot water bottles and ice bags are all in great demand. Last year, too, a health center with four beds came into being to which are brought patients so far away that they cannot be visited by the village physician.

The A.R.C. classes in Home Hygiene and Care of the Sick are taught and the pupils scatter out over the county to places many miles from a doctor where their knowledge is most useful in emergencies.

Effie, a girl of seventeen, has determined to become a Red Cross nurse. Miss Harry met her in an outlying settlement where she looked after her



MISS MARGARET HARRY WITH ONE OF THE
BABIES SHE HAS USHERED INTO
THE WORLD NEAR HIGHLANDS
SOUTH CAROLINA.

grandfather and grandmother, the latter minus a hand which she lost in a cane mill years ago. The girl so wanted to go to school that Miss Harry made arrangements for the care of the aged couple so that Effie would be free to leave her mountain home. A piece of work was found for her where she earned \$15 per month, enough to defray certain incidentals towards boarding school and now she is on the way to realizing her ambition. "Highlands was more foreign to her," wrote Miss Harry, "than Egypt would be to you."

An old lady of eighty was another of

her mountain patients, Aunt Temperance, called "Temp" for short. She was suffering from a recent paralysis and was in a pitiable condition, the bed terribly soiled, back reddened from continued pressure, as she could move but slightly only one side of her body, and she was unable to speak. After a bath, bed made, linen all changed, back rubbed, a rubber draw sheet on the bed and a few other things arranged for her comfort, while three women stood around learning the procedure, she motioned to Miss Harry to come to her. Then she raised her hand as best she could and by touch attempted to convey the gratitude her tongue could not speak.

In winter, on the Maine islands, the steamers are frequently unable to make their daily calls. Sometimes two or three weeks go by with no word from the outer world or from other islands. Even then, when the boat can come, it has often to anchor outside the harbor because of the ice near shore. If this is broken, the people who volunteer to go out to the ship to carry mail, etc., are pushed out in a punt over the broken floes and then they can walk in safety to the boat, half-a-mile or so out. Once seventy-eight bags of mail and provisions—the lighter freight—were dragged over the ice to the shore. Heavier freight cannot be landed in such conditions. Each person carries something and Miss Spiers found herself with a gallon of milk and nearly two weeks' papers which she dragged ashore. When freight cannot be landed, diet for people and horses is curtailed and they go on short rations.

On another occasion Miss Spiers crossed the harbor on the ice to see a

patient. When returning she found the high tide had broken up the ice around the shore, leaving a few feet of water. She was alarmed, as she does not swim, but by dint of climbing over a boat and up a broken ladder, she managed to reach an old wharf ten feet above the sea.

During an epidemic of "flu" when pneumonia was prevalent, she found one of her patients, a man of fifty, alone in a camp by the side of the water. His two-room shack was appallingly dirty and he was very ill. How a human being could exist in such conditions surpassed understanding. No one could or would stay with him until the place was cleaned up a little. The president of the local ladies' aid, three other women and a man volunteered to help the nurse. Wood was first chopped, a fire built, and water was heated to wash dishes that had not been washed for ages. While Miss Spiers worked in the dark, dismal bedroom reached by a ladder, amid odds and ends usually found in a cellar, with the wooden bed reeking with kerosene and alive with bed bugs, the five people cleaned downstairs. They wondered how Miss Spiers endured working upstairs. It took them the whole of Saturday before it was fit for a person to remain in it for a short time.

After all the trouble, the patient did not improve. Miss Spiers told the doctor that she thought the man was getting up when alone and taking more cold. On the Monday his brother was notified, he walked across the island to stay and watch the patient Monday night. As a last resort the brother agreed to have him at his home if the nurse would get him moved across the island. This

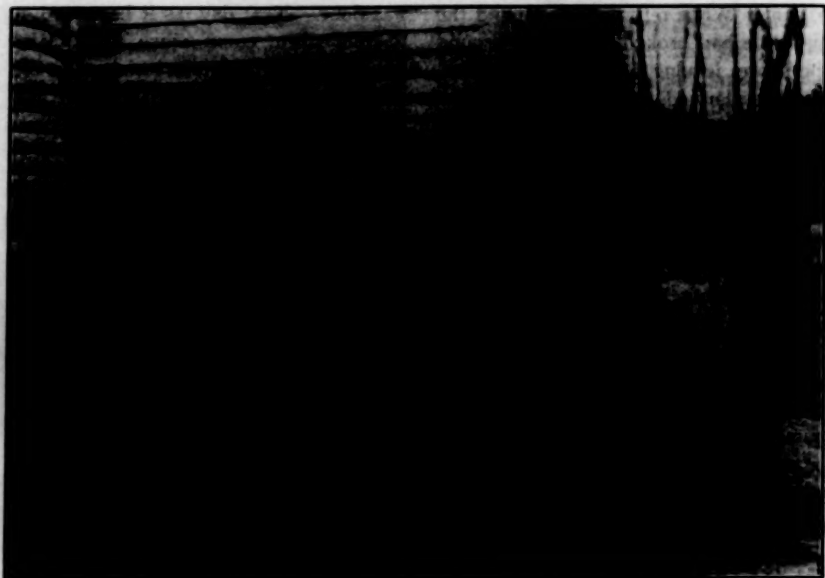
was done. Next day, as it happened, a terrible storm came which made Miss Spiers glad that the man "was not in the shack by the sea where the wind and snow would have been his only companions."



MISS EDITH SPIERS PREPARED FOR ROUGH
WEATHER ON AN ISLAND OFF THE
COAST OF MAINE

Cleaning up houses like this, where middle-aged or old people live alone, has not been an uncommon experience for this Delano Red Cross nurse.

To carry out her work, Miss Thornhill has much riding to do over the steep Virginian mountains and ridges, which



PUPILS OF A ONE-ROOM SCHOOL IN BUCHANAN COUNTY, VIRGINIA, INSPECTED BY
MISS EMILY THORNHILL.

often means a week's journey visiting patients and schools for inspection of pupils away from Grundy, her headquarters. Just after her arrival Miss Thornhill wrote, "I find that I shall be called upon to do everything from praying in public to cleaning the jail for my office." An early experience was very quaint. She met one of the rural postal men, who was very old, riding along apparently in perfect indifference to the bitterly cold weather. When talking to him Miss Thornhill noticed his sock had slipped down over his shoe. In response to her question, "Aren't your feet cold?" he replied, "Yes, marm, my sock has slipped down but I can't get it up." She pulled it up over his pants and fastened it. He looked at her in bewilderment, then said, "The

Lord will bless you and you must come to see us when you are in our neighborhood."

Life in these mountain communities is full of incongruous incidents. Once, Miss Thornhill accompanied home the body of a man (he had been kicked by a mule and died in hospital) in case her services might be needed,—there is no undertaker in this county. The distance was eight miles, five of which they traveled on a log train. The twenty men took the body and "packed" it across the river and three miles up the mountain. The relatives screamed at sight of the cortege and went on screaming for twenty minutes. In the excitement no one thought of supper. At 7 o'clock it fell to the nurse and an aunt to prepare a meal. Miss Thornhill made the

bread, using a gallon and a half of flour. Three women stood by and watched her, one commenting: "We never seed anybody make bread like that before. She has sho teachd us how to make bread."

On the way home they were startled by more screaming. Investigation showed it came from a home where a baby was in convulsions. Miss Thornhill asked the grandmother for hot water and mustard to give the child a hot bath. At that moment the mother who had never ceased screaming, intervened to shout, "No, I don't want my baby bathed. Hit would kill hit. Hit is ten months old and hit haint never had a bath yit." The baby was not bathed. That is true of many babies in that county. Miss Thornhill had been trying for three months to bathe one, the mother holding the opinion that she did not believe in bathing. She was not bathed when she was a baby and her child could get on without it, too. Eventually, though, this mother bathed her baby to stop the nurse's visits.

When talking one day to the clerk at the soda fountain, there was the sound of an explosion and the blast shook the building. One of Grundy's most prominent citizens was in the basement charging the gas tank for carbonated water. Miss Thornhill and the clerk ran there and found him unconscious with his head in a puddle of blood and water, the top of the tank at one side of him. The clerk lost his head. Fortunately, someone else came in to help the nurse. The man was alive but his arm was crushed to the elbow. Later, the doctor asked Miss Thornhill to accompany them to Hurley where the arm was to be amputated. She flew home, grabbed a bag, drank a cup of coffee, took a slice

of bread in her hand and arrived at the station just as they were bringing the injured man. It took an hour on a flat car, drawn by an engine with no headlights, to negotiate the hair-pin curves of the nine miles to Matney at the foot of the mountain. The patient was bleeding profusely. Here the tourniquet was adjusted. Then they set off up the mountain around a series of curves forming complete horseshoes. At the top of the mountain an engine with headlights and a flat car met them. They were coupled on.

By this time there was a perceptible change in the patient due to shock, pain, loss of blood and the rough trip, though Miss Thornhill in the light of a lantern had tried to steady the cot. As the engineer was told to make Hurley as fast as he could, the curves on the downward journey were taken at break-neck speed. At every turn the patient and cot were thrown backward and forward so that Miss Thornhill got on the floor, propped the end of the cot with one foot, the middle with the other knee, supported the patient's arm with one hand and held ammonia to his nose with the other. The climax came when, just as she was leaving the patient in the operating room, thinking her services no longer required and utterly shattered by that nightmare journey, she was called back by one of the doctors.

In the central counties of Idaho, marvellous for grandeur of scenery, with canyons five thousand feet in depth and eternal snow on the jagged peaks of Sawtooth Mountains, the great range which divides Valley County in two; so much beauty is ironically mocked by the condition of the people. There is extreme poverty. Lack of



THE KIND OF ROAD MISS JANET WORDEN
TRAVERSES IN CENTRAL IDAHO IN HER
TRUSTY FORD

water and money have caused many farms to be abandoned and from seven to ten men a day ask in vain for work. The few saw mills are only employing just the number they need to keep going. Fresh fruit and vegetables are non-existent and fresh meat comes up from Boise about twice a week, the train taking over nine hours to do the journey, as it stops for freight along the way.

Miss Worden finds the people most coöperative, unselfish and loyal, ready to profit by all they are taught. Children sadly need attention for teeth, throat, nose and eyes. As their parents cannot afford the time nor money to have them go to Boise, it was settled

that several medical men should come up in the summer and the doctor and nurse arranged a general repair.

Many classes in Home Hygiene and Care of the Sick have been taught. First Aid classes have also been held, a doctor taking the final lessons, and the Boy Scouts go home every night to bandage some member or other of the family and insist on subjects for practice, while the girls also practice the simple nursing procedure learned in the Home Hygiene classes, meeting in homes whenever a special practical demonstration demands a place for such work. In a very humorous manner Miss Worden describes how she overcame the lack of equipment for her Home Hygiene classes:

Nurse created a full-sized patient by taking a fourteen-year union suit, white stockings and long white gloves. The face was painted by the wife of the physician; the head was stuffed by another member of the class; and all parts connected—result, a very fair specimen. If any part is out of proportion, we demonstrate the neglect of proper posture, diseased tonsils, imperfect nasal development, etc. Truly, our creation looks like a flapper. Her neck is inclined to rotate at the wrong time, but we put that down to lack of calcium which really exists in Central Idaho. She has as yet no teeth, though full grown, due in part to this deficiency in the water up here. It has been necessary to take her on the train several times. The conductor does not charge her fare and handles her very gently, which is very generous of him, as she occupies a whole seat each time.

Only the barest indication of the work these five nurses are doing can be given. In her peculiarly isolated locality, far from creature comforts and the amenities of civilization, amid difficulties which might well daunt any but the bravest and most steadfast hearts, each is working for the life and health and

happiness of others. The present generation benefits and, even greater reward, generations of Americans yet unborn will come to finer manhood and womanhood in a vastly improved environment in these out-of-the-way-

corners of the nation. No one can live to herself alone but, of all the members of the nursing profession who eternally serve, surely these Delano Red Cross nurses live for others in a superlative fashion.

LOSS AND GAIN: AN ARMISTICE DAY MEDITATION

BY A NURSE

SEVEN years ago this summer all the usual and familiar motives of life were overwhelmed by a tidal wave of patriotism, and everywhere men and women prepared to "go into service."

The nurses, knowing the need for their skill and knowledge, reported for duty in all earnestness and sincerity. The months of waiting, the struggle to maintain morale, the strenuous days and nights of nursing, the impatient days following the armistice, all these seem far away and unreal, detached from other living,—an interlude of amazing discord.

But it was a wonderful experience, and now it seems time to think whether we have gained wisdom or lost faith as a result. We now know that we acted under the influence of some magnificent lies; we know that a war to end war is impossible, for age-old suspicions and hates cannot be annihilated by rousing peoples to desperate fighting. We now know that our seeming patriotism was made up of many motives beside pure loyalty to our country. We know justice between men and nations is yet hindered and mocked by selfish scheming at every step, so that progress seems impossible.

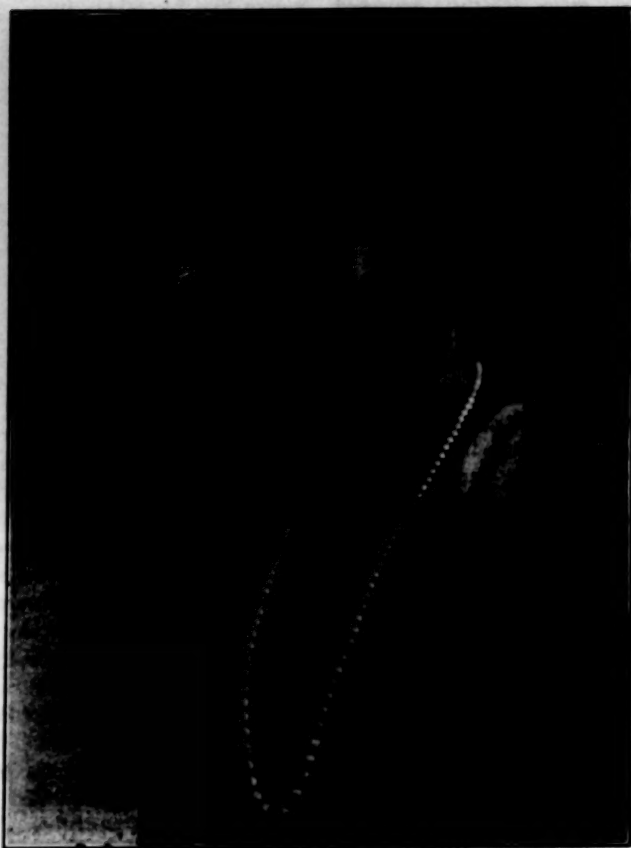
There is no question that it has brought us sadness and disillusion. We

have lost the exaltation of going forth believing our mission was to save the world immediately, perhaps by sacrificing our lives, but

Life may be given in many ways,
And loyalty to Truth be sealed
As bravely in the closet as the field.

and we have the opportunity to make as sacred an offering as our brothers and sisters who died. But, rather than improve our opportunity, are we turning with restless cynicism from the world as we see it today? Are we fretting because things are not as we hoped, grasping at superficial pleasures and believing that a selfish lust for power is unconquerable? The homely saying, that a chain is no stronger than its weakest link, is true; and if we can be brave enough to be thankful some of our illusions have perished, because thus a better vision of truth is revealed, each may as one individual—one link in the chain of national life—serve to advance the day when peace shall reign because men everywhere are striving sincerely for light and truth, and the blind struggle for power is at an end. If we have a grain of this high faith, it will grow into an abundant life, rich in the blessing of service, full of patient sympathy with suffering humanity, rejoicing in sincerity, and abounding in freedom.

WHO'S WHO IN THE NURSING WORLD



XL. J. BEATRICE BOWMAN

BIRTHPLACE: Des Moines, Iowa. **PARENTAGE:** American. **PRELIMINARY EDUCATION:** Public and high school. **PROFESSIONAL EDUCATION:** Medico-Chirurgical Hospital, Philadelphia. **POSITIONS HELD:** Private duty nurse for 5 years; Red Cross work in 1908; entered Navy fall of 1908; appointed Chief

Nurse, 1911; Supervisor Unit D. (England) in Red Cross Ship, 1914; appointed Superintendent Navy Nurse Corps, Dec. 1, 1922. **PRESENT POSITION:** Superintendent Navy Nurse Corps. **ADDRESS:** Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

EDITORIALS

THE AMERICAN HOSPITAL ASSOCIATION CONFERENCE

"THIS conference has been an astounding revelation to me. The exposition of hospital supplies has been particularly striking since it is so far superior to what we have at our British Hospital Association meetings," said J. Courtenay Buchanan of London, one of the honor guests of the American Hospital Association at Buffalo. Mr. Buchanan undoubtedly voiced the feeling of all who were attending their first conference. Since the Association is in constant competition with itself, the program and the exposition had much of information and of stimulation to offer those who habitually attend, year after year, for the true spirit of service was implicit in most of the programs and the exposition was not only the largest but also the best yet held, whether rated on educational or commercial values.

The importance of the Association in relation to the whole field of nursing and of health cannot be overestimated. It is encouraging to those dealing with special phases of these subjects to note the increasing appreciation on the part of the membership of the educational functions and responsibility for research in their institutions if they are to fulfill the modern conception of the hospital as a community health center.

The international trend given the meeting by the presence of many of our Canadian friends and by distinguished guests from England, New Zealand and China added a spicy and stimulating flavor not heretofore noted.

Nursing naturally occupied an im-

portant place on the program and nurses made important contributions to general programs. Miss Eldredge, President of the American Nurses' Association, held one of the largest meetings in complete and sympathetic silence, with her discussion of the "unwritten" curriculum of the school of nursing, the influences that make or mar the professional character of the student nurse. Miss Goodrich, fresh from the dedication of the James Whitcomb Riley Children's Hospital in Indianapolis, thrilled her audience with her discussion of Hospital Organization from the Point of View of Community Relations.

One of the most lasting effects of the meeting and one that should influence those who dwell in hospitals by choice as workers, or by the compulsion of illness, was the adoption by the Association of the very beautiful, dignified "My Pledge and Creed" prepared by *The Modern Hospital* and published in their September issue.

The membership drive of the Association is being prosecuted with vigor for, although the three thousand persons in attendance represent a mighty force, they by no means represent the aggregate social force of the hospitals of the country. With the close of the meeting the guidance of the Association passed from Dr. Malcolm C. MacEachren to the new president, Mr. E. S. Gilmore of Chicago and Dr. A. C. Bachmeyer of Cincinnati became president-elect.

THAT TRIP ABROAD

BREATHES there a nurse who has not at some time said, "When I go abroad," or, "When I cross again?" We know of none, for every nurse

wants to know more about the European countries which are so closely akin to us.

The meeting of the International Council of Nurses at Helsingfors next July makes an excellent focus for the thinking of those who have never quite come to the point of making a plan. The Cunard Company is prepared to give excellent rates and special service if a sufficient number of nurses early indicate their desire to attend. The cost of chartering even a small ship is absolutely prohibitive, but it is possible for the company to limit to nurses the reservations for the sailing of July 9 until we have really indicated our wishes in the matter.

The ship selected is one of the new "cabin ships," some five hundred and fifty feet in length. Our "land lubber" friends will be interested to know that a cabin ship is one that carries only two classes of passengers, cabin and third-class or steerage. If such a ship is chosen, there is therefore no temptation to be unduly extravagant by traveling first class nor of developing an inferiority complex by thriftily traveling second class as might be the case on very large ships.

The members of the Transportation Committee and others have inspected the *Aurania*, one of these new ships. Comfort, English charm, and simplicity in decoration and furnishings have been achieved in drawing room, lounge and winter garden. State rooms vary in size and therefore in comfort. It is possible to economize to the utmost by sharing a stateroom with three friends or to be less sociable but more comfortable with one companion in a two berth room. This is a matter of purse and temperament!

No favoritism will be shown in the assignment of accommodations. Officials say definitely that reservations will be dated and filled in chronological order: in other words, it will be a case of first come, first served. The ship will accommodate six hundred cabin passengers and it is expected that she will sail with an "all nurse" passenger list!

To facilitate matters, state associations are sending out return postals. If you are interested in the plan, we urge you to fill out and forward the card promptly. There are plenty of other sailings to choose from but no other will offer special inducements. It is important that no time be lost. Rates will be based on the number going; furthermore, if a sufficient number desire it, the ship will go on from Liverpool, its usual stopping-place, to Helsingfors, and will remain there for the five days of the meetings. Passengers desiring it could then use the ship as a hotel for the five days and, if need be, return on her via Hamburg and Liverpool. It is expected, however, that practically all will remain abroad for some of the innumerable trips that imagination conjures up! There are those among us who have quoted "See Rome and die!" There are others who long for the beauty of Naples, the majesty of the Alps, the picturesqueness of Prague or Nuremberg, the witchery of Paris that loveliest of cities, the historical interest and gripping fascination of old London, the gentle beauty of the English or the Scotch Lakes, or the more austere charm of the Scandinavian countries. We know that thousands of nurses want to visit the battlefields and the scenes of their own heroic nursing service.

Innumerable are the reasons for going abroad. Marshal your thoughts. Count your pennies. Talk it over with your friends. Decide to meet representative nurses from the world around at Helsingfors, and then seek pleasure and profit in other parts of Europe, the historic, the many-hued, the ever-luring ancestral home of most of us.

INSTITUTES AND EXTENSION COURSES

A GNAWING intellectual hunger leads to healthy mental and professional growth. Hundreds of nurses each year carry university extension courses, usually in such subjects as Psychology, Sociology, or English. Many who are not so fortunately situated as to live in university or college towns find certain types of correspondence extension courses profitable. Few of these, however, satisfy the craving for professional subject matter. Hence the growing popularity of Institutes.

Nurses from twelve states flocked in August to that held in Chicago, because of the proven worth of the course given in other years. The series of lectures and demonstrations on prenatal care recently offered by the Children's Welfare Federation and participated in by the Lying-In Hospital and a number of other organizations in New York, was presented to "sold out houses!" Indeed, all tickets were taken well in advance of the event. Only rarely does a month go by without a report of worthwhile work in some state.

Most gratifying of all, perhaps, are the results reported from the Private Duty Extension Course given in Detroit in September, by the University of Michigan, for this was offered for nurses who, by the irregularity of their hours

of duty, find it difficult to keep up with usual class room schedules. We congratulate the private duty nurses who had the enterprise to pioneer in this field. We predict speedy emulation by other private duty nurses.

THE RED CROSS ROLL-CALL

NOVEMBER, the month of Thanksgiving, is a fitting time for the annual Red Cross Roll-Call. Despite financial depression and disaster in various localities during the past year, the vast majority of us have much to be thankful for. The nurses who so promptly and efficiently responded to the calls for relief in Georgia, in Ohio, and many other places, well know the remarkable speed and efficiency with which the Red Cross functions in times of storm and stress.

The organization—the machinery, if you will,—which makes such marvellous assistance possible, is maintained through the loyal support of the thousands who annually renew their interest and their membership. There has been so much confusion on the point in the past that we again remind our readers that enrollment in the Red Cross Nursing Service does not confer membership in the American Red Cross. Nurses are proud of their Red Cross pins. Let us also be proud of the little Red Cross buttons that will shortly adorn thousands of lapels of professional and lay people alike—for the humanitarian principle it expresses knows no distinction of vocation or race, or color, or creed. Let us not fail to swell the number who make possible the finest expression of practical idealism, of unquenchable altruism the world has ever seen.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

ADJUSTMENTS IN THE EDUCATIONAL PROGRAM FOR NURSING¹

By BLANCHÉ PFEFFERKORN, R.N.

MUCH has been written in recent years upon adjustments in the educational program for nursing; much more will be written in the future. Granting this fact, and further granting that some of this expression has been fruitful of results, others, perhaps, too impractical and too visionary for immediate profit, I believe that within this discussion are certain potential elements which, because they are peculiar not only to nursing education but are inherently a part of any scheme of education, represent current living issues, which, whether we will or not, command discussion and re-discussion. Tonight I propose in the main to discuss such elements, and our responsibility in their realization.

As an approach to our specific problem, may I present for your consideration certain general laws relating to institutions belonging to the body educational, which partly from word derivation, and partly from custom, we are pleased to call "schools." If you look in the dictionary for a definition of school you will find a variety of explanations such as "a place of instruction," "an establishment with facilities for imparting information." I invite your attention to an analysis of this latter definition — "an establishment with facilities for imparting information."

If a school, any school, and not a

particular one, from the kindergarten through the university graduate school, be examined, there are evident certain constant common factors, in dictionary terms called facilities, namely:

1. A budget
2. A building or buildings with the necessary units for lectures, conferences and laboratory use
3. Teaching equipment
4. Libraries
5. Teachers

Before applying this definition of school and the factors that go with this definition to institutions purporting to offer the preparation necessary for nurse practice, in the year 1924, I am constrained to ask you to review, not lengthily, but very briefly the history of "nurse training." You will please observe that I have said "nurse training" and not "nurse education" and have so termed it deliberately and purposely. For education and training are not identical processes. Animals are trained; man has the right to be educated, to be taught to think for himself and to understand those things in which he is trained and while education may include training, too often training exists without education.

You and I know that the "training school," although an intensely real and living project, rich in potential educational resources, is today unique in that it is still largely conducted on the apprenticeship training method and that nursing as a profession has still to emerge from this stage of learning and

¹ Address presented before the Michigan State League of Nursing Education, Flint, Michigan, February 13, 1924.

take its place with other professions, as a vocation built more on education and less on training. The explanation of this anachronous situation is an old, old story; training schools have sprung up in response to hospital needs, not in response to the need for a special type of education and as an educational institution for the sake of education. This statement has been made so often that it has taken on the quality of a platitude. But platitudinous and trite though it may sound, it is an inescapable fact in any discussion of our present system of nurse preparation. Historically it serves to interpret this system. It explains largely why, in this era, believing as we do that no organized movement can go forward without definite, preconceived financial arrangement, the training school in the large is still in the anomalous position of an educational organization, indeterminate and without positive form, and lacking in the physical and teaching necessities of a school. So any analysis of a training school, as a *School of Nursing* complying with the implications of the term school, should be entered into sympathetically and with a sound understanding of the history of the past.

To return then to our factors making up any school.

Standing first on the list is Budget. Heretofore budgets have been practically unknown in schools of nursing. Try to find out in dollars and cents the cost to the institution of training or educating a nurse (for there are hospitals today maintaining schools of nursing despite the lack of actual dollar budget) and you will receive vague, various and indifferent answers. How then can a budget be compiled when the cost of

maintaining a nursing school has as yet had little time for consideration? What has been contributed to the schools in the way of physical necessities and teaching resources has come usually through the efforts and persistence of the principals or some other individuals interested in the schools and has been acquired through the grace of persuasion rather than through the legitimate channel of rightful belonging.

But "the old order changeth" and today there is stirring evidence that an awakening has come in connection with the budget question. If you are a member of the National League of Nursing Education and have thereby received that very valuable red book, the official annual report of the League, you will know that within this organization is a Committee whose particular function is a study of Budgets for Schools of Nursing.

All of this does not mean that in the 1,700 schools of nursing in the United States the budget has been entirely non-existent to date. You will recall that the newspaper announcement of the Yale School of Nursing included the statement that the new school was to have "its own Dean, Faculty and Budget." The same conditions apply to the School of Nursing of Western Reserve University for this school, too, has "its own Dean, Faculty and Budget." At the School of Nursing and Health of the University of Cincinnati the director submits annually for the approval of the University Board of Directors a statement of moneys indicated for the coming year. Here and there other schools of nursing have made out budgets. But in the great bulk of nursing schools a school budget for the

school as such is still lacking. Just think of that and you will agree with Walter Lipman in his book on "Public Opinion," in which he states again and again that the majority of people do not live in the actual world about them, but from their impressions, opinions and needs create their own particular kind of a world. The same holds true of institutions.

Let us pass on. Budgets we do not have; let us see what we do have. Do we have number 2 on the list?—"a building or buildings with the necessary units for lectures, conferences and laboratory use." Yes, in a way we do.

For teaching purposes, a profession such as nursing, concerned with the every day realities of living pre-supposes two types of buildings:

(1) The building with its so-called formal school rooms for lectures, discussion and laboratory use; and (2) a second type of building or laboratory, the field for carrying over and applying that instruction taught in the school rooms. Nursing education has been fortunate in possessing, through its hospitals, number 2. To this classification public health nursing agencies are now being added. Without doubt the richness of our educational possibilities is closely interwoven with this very fact, that in the history of nursing, as a profession, there has been available, at all times, a laboratory field abounding in the actual problems which go to make up nursing. This is our heritage from the past, a rich and precious one, examined in terms of modern educational principles and beliefs. Therefore let us remember this fact in the swinging of the pendulum; that the hospital is an indispensable factor in the program

of nursing education; that we have in the hospital and through public health nursing agencies a field of opportunity that other practical professions are striving for today.

To return to number 1: school rooms for lectures, discussions and laboratory use. At this point enters the budget. Logically the class rooms should exist. But they do not—entirely. Generally the story is this, ancient in repetition, modern enough in point of time. A hospital is established, a training school is begun. Eventually, not always in the beginning, a nurses' residence is built. When the plans for the residence are drafted, several things may happen, the most important of which is, that the principal of the school may or may not be invited to take part in the conference. If she is, the prospect for the future educational capital of the school goes up; if she is not, it may go alarmingly down.

For the interests back of erecting that building are not primarily directed toward making a model school construction or even a fractional part of such a construction. In the end, one room or two or perhaps even three are put aside somewhere in the building for classroom use; it may be that all the elements which go toward planning a class room, according to modern sanitary science and modern laws of health have been considered; it may be they have not, and the end product is a basement room, or a class room next to the elevator, or a class room with poor ventilation facilities or a class room with poor light or eight or ten other poor factors, too numerous and sickening to mention when we reflect that we are living in 1924.

Some disputatious person may say,

"Well, you have your class rooms without a budget." Yes, we have, squeezed out as it were both in dollars and cents, and square feet floor space and cubic feet air space, from a building constructed for residential purposes. But, and here enters one of those controversial "buts," if there had been a definite appropriation, scientifically managed and scientifically dispensed, it would be only the occasional, the rarely occasional school of nursing, with class rooms inadequately built and inadequate in number.

All of which brings us to equipment. Defined in terms of equipment common to all class rooms, equipment implies the right kind of chairs with the right kind of arms, a screen for films, plenty of blackboard space and one or two other things that we all know. Defined in terms of a nursing education program it means charts, skeletons, disarticulated bones, slides, staining dishes and still a lengthy list. Enters the budget again, for this material does indeed represent dollars and cents value, and not until a carefully estimated statement of just what such supplies cost, of the quantity needed, of the amount of money needed for such quantity will the nursing school laboratory have ten microscopes when ten are needed, and not a lonely, much used and sadly in need of repair, one.

And so we come to Libraries. We must have libraries in our schools of nursing, well ordered libraries, in construction, content and administration. Our nurse students lose the treasures of the past, the opportunities of the present and the golden promise of the future without a certain richness of well chosen magazines and books easily accessible. Class room instruction at best can con-

tribute only a fractional part to learning. An intimate acquaintance with the great poets, philosophers, scientists, teachers, with those who have gone before and those who are making priceless contributions today comes largely through library resources.

For the last time I speak of the budget. Good books are expensive. Librarians call for salaries. How then, unless there is an external benefactor, can we build up our nursing school libraries without definite appropriation to this end?

The last named factor in the list of fundamentals making up a school unit is the teachers. Search the history of education, and in no instance will you find a more curiously anomalous situation than the nursing school,—a school without teachers, frankly labelled as such and declared as such. There have been men who denied the necessity of class rooms, of text books and other accessories, which we have come to look upon as important tributary adjuncts to teaching, but never an institution purporting to be a school, training or otherwise, without its recognized body of teachers.

And yet schools of nursing for over half a generation have existed and functioned with results, surprising in excellence, without including on their staff teachers as teachers! The situation is unique and doubtless the explanation lies in the fact that those early leaders of modern nursing were women of exceptional ability, many of whom had been teachers before they were nurses. To this body of women the nurses of today and the public at large owe an immeasurable debt. It is safe to believe that each of that early group had visions of the time when there would be

in schools of nursing teachers as teachers.

The beginning of that time came little more than a decade ago. The instructor entered upon the stage where nursing education was played, made her bow and declared her intention first and last to teach, with all the implications and obligations that go therewith. Her reception had in it one curious element. Her need was indisputable. She was cordially welcomed, but having entered her particular kingdom of duty, controversy forthwith waged concerning her place in the nursing school faculty line. As though it mattered, in the realities of the educational scheme, whether she were classified as A. or X. Y. Z. First and foremost, her place was that of teacher, a place abounding in golden opportunity.

But problems far greater and graver than those of position confronted the instructor. By her presence she injected into a professional education, still lingering in the apprenticeship period, a conformity to modern accepted educational methods. Her task has been and is still a tremendous one, and small wonder that in her efforts to meet this task she suffers at times growing pains. But growing pains are after all transitory and biologically within the order of life, no matter what that particular life may be. Eventually the organism reaches its richest and fullest development. So shall the teacher in schools of nursing!

But, another but, that time is still in the future. Partly, this is because of the great multiplication of schools of nursing and the demands in large numbers for nurse teachers. Here are some facts, plain, unadorned facts, supported by nothing more beautiful than figures.

You know that a Placement Bureau, jointly supported by the American Nurses' Association and the National League of Nursing Education is conducted by the League at National Nursing Headquarters and is concerned mainly with school-of-nursing and hospital positions.

During the year 1923 there were registered with this Bureau, requests from nursing schools for 175 instructors; whereas, the number of nurses who filed their names for the position of Instructor was 53. Think of it, numerically with this agency alone, the supply was less than one-third of the demand and think what this means to the life of nursing schools.

I believe that this particular problem is largely within the nursing profession, that it is ours to face and to solve. We can arrange for class rooms if there are four walls, and equipment can be improvised. For these, after all is said and done, are mere tools. But there can be no schools without the teachers, and whether we will or no, times and conditions are such that if nursing is to keep step in the march of other professional educations, it must have its teachers, not by accident and circumstance, but by deliberate choice and preparation.

These are great and glorious rewards in teaching. Not material perhaps, but those which are infinitely more satisfying and lasting. As books, so are teachers, links between what has been, what is and what may be. Teachers save their generations from the darkness of the past, they spread the light of the present and the soft glow of the future; they are the single greatest human factor making for the intellectual and spiritual

growth of man. It is a great privilege indeed to be a teacher.

Why then do not more nurses engage in this specialization? Why then do we have this overwhelming shortage of nurse teachers? Nursing is a practical living issue and has within itself singular opportunities for teaching. If this question of shortage were thrown open for discussion, many and various would be the arguments presented. We have heard them, we know them. I believe most of them are momentary, totally lacking of the lasting essence of truth. There will be schools of nursing and there will be teachers forthcoming for these schools. Henry Van Loon in his delightful book, "The History of Mankind," says the things of the world which need to be done always get done.

I return again briefly to my statement that all nurses have a very immediate responsibility in this matter of teachers. The responsibility cannot be placed with three or four universities offering courses for the special preparation of teachers. More nurses must go to these universities and prepare themselves for teaching. We must and we will, if not today, then in the near tomorrow bring home to every nurse that the very core of progress in nursing education lies with its teachers.

So far I have said little on specific adjustments in the educational program of nursing schools. Some schools, especially those which have been so fortunate as to establish organic university relationship, have revised and reinforced their curricula with exceptionally well-thought-out readjustments. But these schools have in the main by virtue of such relation acquired those school fundamentals necessary to make

these adjustments, such as class rooms, laboratories, and other teaching resources. Having gained these facilities, they proceeded to include in their curricula sound courses in science, a just balance between class room instruction and laboratory ward practice, good teaching and such other rearrangement of their programs as would permit in the Senior year, an introductory knowledge to the various fields of usefulness open to graduate nurses. Given this fundamental preparation and the nurse upon graduation is equipped to add to and broaden her undergraduate course for whichever specialization she is pleased to adopt.

But the schools of nursing which have gone so far are overwhelmingly in the minority. The great body of nursing schools, the so-called hospital schools, have still the problem of definite appropriation and all its concomitant problems. Can you build bricks without straw? Can you plan a program of adjustment without the fundamentals necessary for that adjustment?

On paper perhaps, but not in practice.

The National League of Nursing Education when it published the Standard Curriculum in 1917, prepared by its Education Committee, pointed the way to adjustments in the nursing school program. More recently the report of the findings and recommendations of the Rockefeller Foundation Committee on Nursing and Nursing Education indicated further with a searching truth the direction for readjustments. It is the implements we need. We have the way.

In this exposition I have not aimed at the sky, not even the tree tops. I

have kept close to the ground. I have sought with you to look into the very heart of the situation, and to call an ace an ace and a spade a spade. Nursing as a part of the work of the world will go on as it has gone on for ages; looking

back we can well wonder at its long strides in the past short fifty years. But as a living vital project it must, organically and functionally, develop in accordance with universal laws. This is inescapable. It is life.

PSYCHOTHERAPY IN TUBERCULOSIS

By RUBY WILEY AND ALICE SCHOWALTER

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THE interest in the campaign against Tuberculosis is growing; a campaign for the prevention as well as the detection and cure. The intelligent and successful treatment is dependent on the understanding of the relations between the patient's mental life and his physical condition. In no disease is the mental attitude so closely related to the condition of the body. The treatment should include psychotherapy as well as physiotherapy if favorable results are to be obtained.

Before a patient can enter into the true spirit of the treatment he must have complete confidence in his doctor and feel the necessity for whole hearted coöperation between himself and his physician. Worry, caused by some private grief and they are legion, and concealed from the doctor, will prevent his proper understanding and treatment of the case. He must realize that his doctor is his friend and big brother who will try to teach him and help him in any difficulty. On the other hand, the doctor must be tactful to give the impression of sympathetic helpfulness rather than inquisitive prying. Absolute obedience to the doctor must be understood before he will undertake the

case. He must be earnest and firm, at all times commanding undeviating loyalty and obedience to his wishes and rules.

It would seem that nature desires to make some compensation for privileges withdrawn by giving to these people a brave and hopeful outlook often out of proportion to their physical condition. This energy can be easily directed for good or for bad. They can become just as enthusiastic over feeling sorry for themselves as they can in contributing to a necessary *esprit de corps*. When the patient is a member of a group it should be early impressed on him that he must do his share toward keeping up the morale of the body in which he lives. It is this unselfish give and take which strengthens character and patients will emerge into better men and women by reason of their self discipline.

Unless a patient be treated in a sanatorium there are often harmful psychic influences in the home. The moods and solicitations of his relatives often have quite the opposite effect desired. Sometimes a member or members of his family will have a deadly fear of tuberculosis which will be evident despite their best efforts to conceal it. This adds

much to the patient's sorrow and erases the impression left by the doctor that it is not such a deadly disease after all. The patient gets lonely in the home and is deprived of the companionship and example of fellow patients who offer him more of a novelty than his own family. Their sympathy is of a tactful and uplifting nature rather than too solicitous and fussing. He must not be allowed to fall in the habit of recounting to others all his symptoms and sorrows, but must be told and helped to take an interest in others and to do his share in maintaining a cheerful atmosphere. On the other hand, he will grow homesick if in a sanatorium, miss the privacy of his home, and long for congenial friends. If the cottages are run with the view of making the patients happy they will keep patients of the same social position in one unit. The medical condition of the patient is to be considered in that the advanced cases have the most depressing effect on the convalescents and incipients, while the sicker ones will be discouraged in seeing the things which the lighter cases can do and which they cannot do themselves. It is interesting to note that of all classes those who do the most and are most cheerful, are the business and professional people. They believe in social distinctions without being snobs. They have an active interest in troubles and conditions other than their own and do much to spread cheer—the keystone in the cure of tuberculosis. In marked contrast to his bright outlook there is the uneven balance of judgment which gives the patient alternations of cheerfulness and depression. On the darkest days he may be quite sure that he will recover, or, on the day that he is making im-

provement, he will let such a trivial thing as a wrinkle in the sheet upset him to the point of losing his temper. He will be quite sure that such will be the death of him and work himself into a state of excitement producing accompanying physical accelerations. Such moments as these offset results gained by weeks of mental content and consequent physical improvement. This is easily explained by the fact that their whole plan of life and ambition has been disorganized. It takes all of their courage and all of the moral help others can give to adjust their life.

The critical attitude which accompanies this disease makes the patients doubly hard to care for. It requires all the tact and ingenuity of the doctors and nurses to secure mental and physical rest. Quiet is secured by the satisfaction of their material desires. It is not always easy to find out just what they want, for they themselves do not know. They feel a vague desire for something which changes as it materializes. Cynicism and anger are often aroused by the mechanical way in which the doctor or nurse will say, "Do you want anything?" to each patient, as they progress down the ward. All patients do not respond in the same manner to a cut and dried formula, but they do react in much the same manner to sympathy. Sympathy, like optimism, should be of a rational and helpful nature rather than of blind assurance. Too evidently expressed, sympathy is interpreted as pity, allowing the patients introspection and self-pity. A question like "How are you?" would only suggest a more critical analysis of their feelings with

magnification of the slightest symptoms. It would seem better to say, "You are looking better today," giving them a positive suggestion. But too cheerful and blind optimism has its eventual disillusionment. With disillusionment comes loss of confidence in that person. Too bright hope extended where there is no hope causes sorrow. A sympathetic discussion of the hard fight ahead helps them to muster courage to face the long ordeal, when all the medicine at the doctor's command will not do one-

tenth the work of courage. The patient who will recover is not the only one who has need of our best efforts. The patient who is fighting the losing fight needs all the cheer and assurance to make the long journey, constantly keeping up courage to the end of a noble battle. To do this, an assured cheerful attitude cannot be imitated, we must believe in them and in ourselves and cultivate a serene and happy disposition which transfers itself to the patient, lending him courage.

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Send orders to National Nursing Headquarters, 370 Seventh Avenue, New York, N. Y. Price, \$1.00 per single copy; 75 cents per copy on all orders of fifty or over, delivered in one shipment.

Copies of the Proceedings of the American Nurses' Association, 1924, may be obtained at 35 cents each from the American Nurses' Association, 370 Seventh Avenue, New York.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

Director, Nursing Service, American Red Cross

EIGHTH ANNUAL ROLL CALL

IN that section of public opinion by common consent popularly termed the mind of the man in the street, the Red Cross nurse stands for the American Red Cross. She is its symbol. But though a part of the American Red Cross Nursing Service, the nurse is not necessarily a member of the American Red Cross itself. Every nurse should be, of course, and the Eighth Annual Roll Call, November 11 to 27, gives her the opportunity of joining.

There are countless reasons why American nurses everywhere in the Service and out of it should become a living part of the great organization which for magnitude of work for humanity is unequalled on the face of the earth. So close is the relation between the one and the other that without nurses much of the work is impossible. Red Cross nurses then should welcome the opportunity of linking up with their colleagues through membership in the institution they serve and other nurses should want to stand back of members of their own profession true to the spirit of the great Founder of modern nursing. Even in the popular mind the nurse is the embodiment of the Red Cross and its ideals,—shall the conception be less in the mind of our own profession? If she is indeed the symbol of the Red Cross, the large proportion of nurse members to the general membership should be a sign that all realize it.

Look at the significance of the opening date set aside. On November 11,



1918, not a nurse who was not a member but would have become one as a method of showing her appreciation of the great redemptive part played by the American Red Cross in that colossal tragedy of many nations. Does not an equally great peace-time program deserve similar support? November 11, 1924, should elicit as big a response,—communities need proportionately more help than individuals.

It is suggested to Red Cross Nursing Committees that they can help immeasurably in recruiting members by spreading knowledge of the work that is being done to save life for, and to promote the health and well-being of, the nation. There are three sections of the Nursing

Service, general nursing, public health nursing, and instruction in home hygiene and care of the sick, doing a work that need not be greatly elaborated to other nurses who will readily grasp its importance. The Nutrition Service spreads a knowledge of sound nutrition which means good health. The Junior Red Cross helps to educate the school boys and girls of the country in a spirit of service that will bring about greater citizenship tomorrow. The First Aid Service preserves life through life-saving and first aid. What the Disaster Relief Service means, terror-stricken sufferers all over the United States know well, for scarcely a State but has called for Red Cross relief some time or another in this year of unparalleled disaster when localities never before in danger zones have suffered. This may be said: No enrolled Red Cross nurse who understands what the Red Cross stands for, what it is striving to do and what membership in it implies, but would want to become a member and would not rest content until every other nurse she knew were a member, too, enrolled in the Eighth Annual Roll Call, November 11 to 27.

DEFENSE DAY—A GREAT RESPONSE

On Defense Day, dreams were realized and hopes justified, for there was tangible proof that the spirit of service of Red Cross nurses stands firm and true. Whatever may be believed in the secret places of the heart, it is infinitely more satisfactory to be shown that such faith is actually founded on fact. And it was so on September 12. Long before noon that day, cable responses from far distant lands, telegrams from all parts of the country and

letters poured into National Headquarters indicating the fact that all over the world; wherever they were, Red Cross nurses could be relied upon. For what was true of Washington was true to a far greater extent of Division Headquarters and Nursing Committee officers in every part of the United States, to which the bulk of individual replies went. Of the 41,000 enrolled Red Cross nurses, about 28,000 are on the active status list and 24,916 answered; that is, a return of approximately ninety per cent. In addition to this number, there reported through the Red Cross Nursing Service 6,217 nurses not enrolled; 1,902 student nurses; 463 practical nurses; 141 home defense nurses; 59 nurses' aides; 50 male nurses and three dietitians, making the total response through National Headquarters the splendid figure of 33,751.

Not only was the spirit of Red Cross nurses demonstrated beyond shadow of gainsaying, but the efficiency of the Nursing Service was proved as great a fact. In this connection the Surgeon-General's words as expressed by Major Julia C. Stimson, Superintendent of the Army Nurse Corps, will interest all nurses:

The Surgeon-General has asked me to express to you his very great gratification and delight at the splendid response to the Defense Day test that was made by the reserve nurse force of the country. He took particular pains to tell General Pershing in person of the remarkable result of the roll call of Red Cross nurses. Once more the Army has been shown the preparedness and loyal patriotism of the nursing profession. We have had one more demonstration that when the need comes nurses can be depended upon, and our great expectation and confidence has not been disappointed.

Just what the individual spirit was



RED CROSS NURSES AT SAVANNAH, GA., MADE A FINE PICTURE IN THE LOCAL DEFENSE DAY TEST PARADE, SEPTEMBER 12, 1924.

may be seen from these extracts of typical replies sent in by Red Cross nurses. Alice G. Carr, an American Red Cross nurse assigned to the Near East Relief, now in Corinth, Greece, wrote to Miss Noyes:

We overseas do not know the extent of the force of all these things, but our hearts are aching with the thought that we are not there to be with you on the great day that is to tell the story of our devotion and willingness to help in any way possible to make America all we would have it. Please let me send a message of congratulation to you and all the Red Cross workers for the standard of hope and blessing that this wonderful organization is bearing. I hasten to express the hope that Defense Day will by its message of strength and firm union implant in the heart of every individual the solemn spirit of our great congregation. * * * Be assured again of the great desire in my heart to further the cause of the mother organization we are all so proud of and love so dearly.

Clara G. Finnerty, American Red Cross Nurse, Simsbury, Connecticut, thought only verse would do justice to

the occasion and after beginning in delightful fashion, "My dear American Red Cross," went on:

Here I am as you will see
Ready for duty, in Simsbury
To serve the U. S. A. today
On this first National Defense Day.

To the Stars and Stripes, ever loyal and true,
Whatever you ask of me, I will do.
To defend "Our Country" and each "Human Life"

Is the work of "Our Nurses" whatever the strife.

The Red Cross Nursing Committees served nobly. Exact returns are not available for every Division, but the Washington Division Committees are in direct contact with National Headquarters and those are accessible. Here, of 67 Nursing Committees, but two failed to report. Miss Noyes has written the Division Directors asking them to express to the Committees in their territory:

my very deep appreciation of the work which they rendered in connection with this movement. We realized that we were calling upon a group of very busy women at an unfavorable time of the year to perform a piece of work, much of which must have seemed like repetition to them, and I am most anxious that they shall know not only the gratifying results of their effort but also how deeply we appreciate the fine work they accomplished.

Those Red Cross nurses who assembled at National Headquarters before leaving to take part in the great Defense Test Parade reviewed by the President, symbolized their colleagues everywhere participating in fact or in spirit. On a sunlit afternoon with shadows dappling the spectators beneath the spreading trees, a procession, taking an hour and three-quarters to wend its way, marched past the Zero Milestone of the United States, circled and wheeled on to the Ellipse before the White House grounds where the speeches were made. Among these, thousands and thousands of khaki-clad men of the Regular Army,—including the world fliers who had made air history and who had soared their globe-girdling way into Washington but two days or so before, the blue-garbed Marines, the dark-coated civilians, the white-clad corps of women from Government Departments and elsewhere, the band of Red Cross nurses with their distinctive red-lined blue cloaks over plain white uniforms stood out in colorful relief. A symbol indeed!

SERVICE IN LORAIN

Reference has been made to the fine work rendered by Red Cross and other nurses in the Lorain disaster last June, but it is only now that exact details of the splendid sacrifices they made are available,—sacrifices in time, money and the greater part of well-earned vaca-

tions. To tired professional women can anything mean more than giving up the rest they so greatly need, at the call of imperative duty for humanity? In all, 68 nurses came forward and they gave 307 days' work. This excludes, of course, the members of Division and Chapter Red Cross Nursing staffs and the work they did during many weeks. If it be merely looked at in terms of money, no other group gave a larger sum.

Thirty-four enrolled Red Cross nurses volunteered, giving 152 days; the Ohio State Board of Health and the City Departments of Health of Cleveland and Lakewood gave the services of seven nurses, 64 days; twenty-six unattached nurses (for the most part those who had relinquished nursing on marriage) contributed 87 days, and the National Tube Company gave four days' service from their nurse. The names of the Red Cross nurses and the days they gave follow:

Ethel Osborne, Geraldine Rang, Cora M. Templeton, 12; Grace Cook, 11; Georgia Hukill, 10; Mrs. Julia G. Proctor, 9; Norah D'Abbe, 8; Mrs. M. G. Ackerman, Louise Azallion, Magdalen Hertel, Eleanor Mueller, 7; Elsie Eßerhardt, Elizabeth Koerber, 5; Elsie F. Brower, Olive Diederich, 4; Mrs. Pearl Puaka, Clara Betzler, Hulda Cron, Rose Kliment, Beulah E. Setzer, Cassie Salisbury, Ella Foley Smith, 3; Esther Jamieson, Frances B. Latimer, Margaret Cavers, Sue McCracken, Nora O'Neill, Alice Squire, Emily P. Scholbm, 2.

The Cleveland Ohio Local Committee on Red Cross Nursing Service which called together the nurses is composed of Carolyn L. Ramer, Chairman; Clara R. Justice, Acting Secretary in the absence of Mrs. Georgianna T. Rhodes; Lenore Fischer, Elizabeth M. Folckemer, Calvina MacDonald, Mrs. Ellen D. Nicely,

Mary E. Place, Lois Spraker and Caroline Wuertz.

ENROLLMENT ANNULLED

Another list is issued this month giving the names of nurses whose Red Cross enrollment has been annulled for various reasons, after due investigation and consideration of the facts in the individual cases. Nurses whose enrollment is annulled are reminded that their appointment cards and badges must be returned to the Nursing Service at National Headquarters, as they always remain the property of the Red Cross:

Ethel A. Best, Martha W. Harris, Jessie Hut-ton, Esther Ruth Isel, Violet I. Jennings, Mrs. Helen Lulu Johnson (*nee Teller*), Ethel M. Johnson, Selma Lennea Johnson, Chestain Marcella Johnston, Frances Johnston, Mrs. Harry J. Kastings (*nee Kathleen E. Connell*), Alice Clare Keeley, Elsie Luella Keiser, Mary V. Kelly, Mildred Leona Kelly, Mrs. J. T. Kernan (*nee Elizabeth W. Schott*), Margaret E. Keusch, Anna Kincaid, Mabel Clair King, Mrs. T. J. King (*nee Rita Cynthia App*), Emma Bridella Kipp, Ger-true Mercedes Kipp, Louise A. Kircher, Mrs. R. L. Kneeder (*nee Agnes Crowe*), Fannie Lafferty, Edith M. Landon, Olga A. Lange, Cazel Mary LeRue, Mrs. Mabel Lathrop (*nee Layman*), Mrs. Verena LaZeb-nick (*nee Kiffmeyer*), Virginia Lewis, Portia Helen Lillie, Katherine Anita Logue, Cordelia Christine Look, Esther Helena Lundahl, Mrs. Jacob O. Lunn (*nee Ethel S. Williamson*),

Mrs. Julia Lyding (*nee Brandsema*), Mrs. Wil-liam Lynch (*nee Florence A. Manley*).

ITEM

Virginia Gibbes who, until the end of January this year, was Director of the Nurs-ing Service of the Philippines Chapter, Manila, has been appointed Director of Nursing, New England Division, filling the vacancy caused by the resignation of Mary K. Nelson to take up the Directorship of the American Hospital and School of Nursing in Constanti-nople. A native of Columbia, S. C., and edu-cated at the local high school and College for Women, Miss Gibbes graduated in 1911 from the Roper Hospital Training School. She then took the special public health course at Columbia University. In 1914, she entered the Red Cross Town and County Service (as it was then called) doing public health nursing in Mt. Carmel, Ill., and New Bern, N. C., before she was appointed through the Ameri-can Red Cross to the United States Public Health Service camp zone in Columbia, S. C., which work entitled her to the special service chevron exempting her from war service. After a year here, she spent eight months with the Victorian Order of Nurses in Ottawa, Canada, and then followed two years' work as Assistant Director of the Bureau of Public Health Nursing in the Southern Division. During this time she made a special study of the public health nursing service in the Chap-ters of the American Red Cross in reference to the relation of volunteer assistance with the service of public health nurses and in con-nection with other Red Cross activities. It was from this position she went to the Philip-pines in April, 1922.

MEDICAL ADVICE BY RADIO

For some years, the U. S. Public Health Service has maintained a free medical service to ships at sea having no physicians on board, and many stories of its usefulness in emergencies have been recounted.

This Service which has been established on the Atlantic and Pacific coasts and on the Gulf of Mexico is being extended to include shipping on the Great Lakes. Arrangements have been made for Marine Hospital No. 6 at Cleveland, Ohio, and Public Health Service Relief Station, No. 327, at Sault Ste. Marie to respond to requests from masters of lake vessels for medical advice when needed.

NAME AND ADDRESS NEEDED

A postal card with no signature, but having the postmark, Montrose, Pa., asks for the names of the publishers of five books. If the writer will send her name and address, the information will be supplied.

DEPARTMENT OF PUBLIC HEALTH NURSING

EDNA L. FOLEY, R.N., DEPARTMENT EDITOR

AFFILIATIONS FOR SCHOOLS OF NURSING WITH PUBLIC HEALTH NURSING ASSOCIATIONS¹

By S. LILLIAN CLAYTON, R.N.

FOUR questions, if answered satisfactorily, may be used as a basis from which to consider the topic of this paper:

1. What is the meaning of "Public Health Nursing"?
2. Is it a fundamental part of nursing education?
3. If so, when and to what extent may it be given a place in the curriculum of the school of nursing?
4. Is it a legitimate responsibility for the hospital to assume?

To discuss these questions in detail, let us first consider what may be meant by the words "Public Health Nursing." The nursing profession believes that these words as here used should be an indication of the nurse's attitude of mind in any kind of nursing service which she gives to the community and should be illustrative of a phase of her responsibility to that community which should never be lost sight of. Regardless of the type of nursing in which she may be engaged, the nurse must have a sufficiently broad understanding of public health service, as related to all nursing service, to enable her to awaken in others a realization of the need of such service, even though they have but a limited knowledge as to its meaning or its possibilities. Having accepted the above as our interpretation of the words,

"Public Health Nursing," the answer to the question, "Is it a fundamental part of Nursing Education?" would be an unqualified "Yes." If it is believed to be as fundamental for the nurse to have a public health consciousness, as to have an aseptic consciousness, when and how, in her nursing education, may this be acquired?

The teaching and the administrative faculties of the schools of nursing should be the first to have this consciousness and understanding of the real meaning of public health. It should permeate every phase of the teaching, from the first hour spent with the new group of students, by the Superintendent of Nurses, to the bedside demonstrations, and to the practical care of the patients; to the nursing of the medical and surgical patients with their various community contacts and relationships. This attitude of mind may be given to the student body by a definite, systematic, continuous interpretation of the meaning of public health, in its literal aspect, rather than the former understanding,—that of a specialized type of work.

It may be further developed by affiliation with various Public Health Agencies. This affiliation should have as its purpose, Nursing Education in Public Health attitude of mind, and not a specialized nursing service, and it should begin in the first year of the student's course, and should be continued into the second and third years,

¹From the Round Table discussion of Affiliations for Schools of Nursing with Public Health Nursing Organizations at the Biennial Convention, Detroit, Mich., June, 1924.

just as we give graded experience in medical and surgical nursing. The student would then bring back to the school, and to her patients, that attitude, and as a result, within a comparatively short time, the whole aspect of nursing education would have changed as to its emphasis. Nursing education would then have health promotion the object of every nurse, rather than the function of a limited number of specialists. The object of the affiliation would be to supplement the general nursing education and to more fully prepare the student to meet modern nursing needs.

The available resources with respect to this type of affiliation would be:

- a. Public health organizations.
- b. Hospitals for mentally ill, equipped for social service.
- c. Hospitals for communicable diseases, also having social service emphasis.
- d. Social service departments in general hospitals, having a medical understanding of their function, and having a teaching attitude toward the education of the student nurse.
- e. Child welfare organizations or departments of preventive medicine in any special or general hospital.
- f. Research clinics and dispensaries.

The equipment of such organizations with reference to affiliations should be considered from the standpoint of:

- a. Their personnel, administrative and teaching.
- b. The service they have to offer.

The aims to be realized by these affiliations are:

1. To give the student the proper point of view with regard to public health work as related to any nursing service.
2. A stimulus for further study for special health service.
3. A socialized vision of the whole scheme of nursing.

How this may be accomplished is a

difficult problem for the organizations named. A schedule of nursing service must be fitted into the scheme of an organization that will admit short terms of service, and types of nursing service that may be graded according to the student's length of training. This means increased personnel and added burdens to the organizations. Experience in assigning only the Senior students to this service has proven that much is lost to the student, to the hospital, to the patient and to the community by not having introduced the experience earlier into the student's course. The reaction from the Senior student at the end of her affiliation is always, "It would have meant so much to me and to my work if I could have had it earlier in my course."

The extent of such a course should be such as to make possible the realization of the aims as previously outlined, and which are now being followed in some of our visiting nurse societies, but which are being given in the third year. The Education Committees of the National Organization for Public Health Nursing, and of the National League of Nursing Education would be the proper groups to work out the content of such a graded course. We now come to the last point, "Is it a legitimate responsibility for the hospital to assume?" To answer this, there must be considered other questions which have been asked over a period of years, but whose answers have not greatly changed up to the present time:

1. Is it the function of a hospital to give a complete nursing education?
2. What is a complete nursing education?
3. What is a hospital?

The second question will be answered first. Fundamental nursing education

has been outlined in the Winslow Report. This, briefly stated, includes a thorough, well-taught, preliminary course in sciences, which gives a foundation for the study of nursing, and a carefully planned course in the care of the sick, governing the same variety of services that our best medical schools have deemed necessary for the students of medicine. The student should be given an opportunity to consider the patient from the social and public health point of view, and all of her education should be given the trend toward preventive work and toward constructive promotion of health. The last question has been answered by one of the former presidents of the American Hospital Association in his discussion of the Aims of the Hospital.

The fundamental aim of the hospital is service to society. Hospitals may benefit and develop special groups of men and women as physicians, nurses, etc., but the fundamental aim will ever be of service to society, and all effort must justify itself in this light. Personal benefit to the individual or group is not to be considered, except as contributory.

In the light of the above interpretation of a function of a hospital, it is believed that, if a hospital voluntarily assumes a second responsibility, that of educating a nurse, it should find the means to meet that responsibility. To do this, the facilities which will enable

the student to obtain a sound scientific and practical foundation for her work must be provided. This will include opportunities for her to acquire an understanding of the literal meaning of public health.

If the student looks forward to following any one of the specialized topics of public health nursing, she should, of course, prepare herself for that service following her graduation from the course in general nursing.

Summing up the points which have been presented:

First—It is believed that every nurse should be taught the literal meaning of the words, "Public Health."

Second—That as such, it is a legitimate part of the fundamental education of the nurse.

Third—That as such it should be given during the nursing course, whether that course be two years and four months or three years.

Fourth—That it should be given by means of contact with teachers and administrators having a Public Health attitude of mind, and by affiliation with the organizations previously named in this paper.

Fifth—That it should find a place in each year of the nursing course, or certainly in the first and last.

Sixth—That the work thus given should in no sense be considered preparation for a special type of service, but fundamental to all nursing service.

Seventh—That it is a legitimate responsibility for the hospital to assume, inasmuch as the hospital has elected to be responsible for a department of general nursing education.

POISON GAS IN PEACE TIME

War has no monopoly on the devastation of poison gas. The U. S. Census reports show that within the registration area of the United States there were 1,778 deaths in 1921, and 2,039 in 1922, from the "absorption of irrespirable, irritating or poisonous gas." These deaths are in addition to the suicides by gas, which numbered 1,401 in 1921, and 1,448 in 1922. The most important gas involved in such poisoning is carbon monoxide, which is present in some kinds of illuminating gas, in the exhaust from automobiles, and in the fumes from gas stoves, oil heaters, coal furnaces or other fires.

Carbon monoxide acts as a "poison" in a peculiar way. It does not exert a direct destructive effect, but merely combines with the hemoglobin of the blood and prevents the blood from carrying oxygen to the tissues. The victims die of asphyxiation.—*Weekly Health Bulletin*, Connecticut State Board of Health.

STUDENT NURSES' PAGE

TUBERCULOSIS NURSING¹

By Verna Harden

Franklin Hospital, San Francisco

TUBERCULOSIS nursing is a subject upon which most student nurses can only conjecture and use their own intelligence in handling, for the reason that at present few training schools provide for a more intensive education along that line other than the information which can be gleaned by the students from classes in communicable diseases.

A school curriculum should include a certain time to be spent with tubercular patients besides the class theory. This could be arranged either by affiliation with hospitals having wards for tubercular patients or in conjunction with sanitariums. The importance of this work to the student nurse is great, because, with the present prevalence of tuberculosis every nurse, especially social and industrial workers, are bound to come in contact with the disease every day and they should be in a position to give intelligent and effective nursing care as well as instructive and consistent advice to people suffering from the disease. This routine need not necessarily be compulsory, but for those nurses who intend to take up social service, public health, industrial work or school and district nursing some arrangement should be made. As it is, the classes in Public

Health and Social Service at the Universities are delayed and held back by having to give graduate nurses special instruction in tuberculosis nursing, which instruction should have been given during their course of training.

Nursing procedure consists mainly of the care and comfort of the patient with strict isolation precautions and every sanitary measure observed in the disposal of the patient's personal excreta, particularly sputum. This last cannot be stressed too emphatically on account of its vast importance, the chief mode of infection being from the dried sputum of consumptives, the modes of entrance being inhalation, ingestion or inoculation. Tuberculosis nursing should go farther than this; it should not be confined to the care of those who already have the disease, but should include the general education of the public regarding means of prevention and elimination of predisposing causes; in other words, personal and community prophylaxis.

The main thing is consistency of education. If everybody could be taught the one thing, care of sputum, then the rest of the work would practically take care of itself. So many people, either through ignorance or carelessness, constantly violate the laws of hygiene by spitting on the floor or ground and by coughing or sneezing in the faces of other people, thus disseminating the germs freely. It seems elemental to tell people to cover their mouths with a handkerchief when coughing or sneezing, but it is a precaution which is too

¹ This article received the first prize offered by the San Francisco Tuberculosis Association to student nurses who attended the Institute arranged by the Bureau of Nurse Registration and the Tuberculosis Association in San Francisco in December, 1923. The unique idea of an Institute for student nurses was most successfully carried out and proved tremendously stimulating to those in attendance.

commonly disregarded and we should try to thoroughly impress this matter upon every consumptive. That, of course, is for general information; but in our professional capacity as nurses we are in a position where we will be called upon to give more detailed information regarding individual precaution.

Clinics are a great factor in keeping down the disease, for through clinics a great many more people are reached than could be reached otherwise. Through the Board of Health there is a regular inspection of dairies and a great deal of publicity has been given to the subject of milk, it being a food in which the tubercle bacillus is very commonly found and by which the disease may be transmitted.

Compulsory segregation of active cases is an important factor in checking the spread of tuberculosis. School nurses have great opportunity in examining the school children to discover any tendency toward the disease and see that it is checked in its early stages. In some schools the children's diets are supervised, a glass of milk being provided at certain intervals during the day, and hot lunches instead of cold indigestible food which children sometimes bring from their homes.

The most frequent disease in industrial life from which members of various trades suffer is tuberculosis, it is some-

times called an industrial disease, therefore those nurses who take up industrial nursing after graduation should be on the alert and report all cases at once.

The question has been asked: "Is tuberculosis nursing dangerous to nurses?" This answer is generally accepted: "Adults are practically immune to tuberculosis; when children are exposed the danger is greater; strict observance of hygienic measures by the nurse obviates all possibility of danger or infection to herself." Student nurses should handle tubercular patients only under close supervision and after having had special class instruction. As graduates, nurses know the proper precautions to take in caring for contagious diseases and are therefore safe with tubercular cases. Special care should be taken regarding personal precautions such as hours of work, living conditions, kind of food provided, opportunity for out of door recreation, as well as protection of one's self against coughing, spitting and sneezing.

At a recent Tuberculosis Institute for Student Nurses the remark was made that the nurse's part in prevention of tuberculosis might be compared to the part of a private soldier in general welfare. Who ever heard of a battle being won with half the soldiers indifferently hanging back? So let the whole army of professional nurses wage the battle against the enemy—tuberculosis.

"FORGET-ME-NOT DAY"

The organization called The Disabled Veterans of the World War has sent a communication to the American Nurses' Association asking its members to help in the observance of Forget-me-not Day on Saturday, November 8, when forget-me-nots will be offered for sale, the proceeds to be used in carrying out the work of the organization.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A VARIETY OF DUTIES

DEAR EDITOR: (Extracts from a personal letter): I have just got my work nicely started,—dispensary during the morning, and two classes daily in Physiology, Tropical Hygiene and Midwifery in the afternoon, with drill, Camp's Daily Dose—five times a week. There are over 200 people in the compound to look after and I have the responsibility for the cleanliness of the compound, 108 acres, which is no small chore in itself. We have had four new babies this month. Saturday is our busy day as all the sick people from the villages come in then.

India

L. V. W.

THE JOURNAL IN BULGARIA

DEAR EDITOR: I have very much enjoyed the *Journal* these months as well as received much benefit from it—it is indeed a blessing to American nurses in a foreign land. We frequently have articles from it translated for reading by our students, and sometimes by members of our school committee, and the graduate nurses. The Bulgarian nurses have formed a Nurses' Association, "Florence Nightingale," with the aim to improve the standards of nursing in the country and to better acquaint the public with what nursing is. Their first publication will appear this next month. If I can get it translated to English I will send you a copy. The motto of the society is, "Serve with self-denial for the greatest human blessing—health." There are this year three Bulgarian nurses abroad studying, whom we expect back before next Fall—one in the International course in London, and two at Teachers' College, New York.

Sofia, Bulgaria

RACHEL C. TORRANCE.

A PRIVATE DUTY UNIVERSITY EXTENSION COURSE

DEAR EDITOR: The Private Duty Section of the Michigan State Nurses' Association may well be pleased with the result of its recent effort in arranging this

Private Duty University Extension Course, held in Detroit, September 15 to 19 inclusive. Dean Henderson of the University Extension Division in coöperation with the Nurses' Committee prepared a most helpful program. The subjects selected were most valuable as a refresher course for nurses. The enrollment reached 107, including nurses from Lower Michigan, two from Ontario, and one from Toledo, Ohio, who came to Detroit daily for the Course. We were especially fortunate in having experienced and acceptable lecturers who presented the subjects in a very clear manner. The technical subjects were just what was needed and these were supplemented by practical demonstrations in local hospitals. Prof. Dimmick gave a fine introduction and incited great interest in the study of Psychology. The nurses displayed unusual enthusiasm in both cultural and technical subjects, and were unanimous in expressing the desire for a similar course next year, when, we believe, a much larger attendance is assured. The course was open to all, and several public health nurses took advantage of it. One local superintendent of nurses who subscribed for the full course gives us her impression thus: "The private duty nurses have been very generous in sharing with us their premier production of the current year. It is gratifying to see the private duty section come to the front with such a helpful program. Its signal success already heralds its repetition next year; a potential milestone of marked achievement. The large enrollment and promptness with which the nurses attended the classes stamped well the evaluation of the subjects presented. The courtesy of the representative hospitals in supplementing theory with practice maintained that fine balance which characterizes true teaching. The fraternizing of kindred spirits helped to reaffirm our faith and establish us as fundamentalists in the common belief that nursing is a fine art, the finest of fine arts." The interest which the course has created in several states is gratifying in the extreme and signifies that great interest along educational lines

is being stimulated among private duty nurses everywhere.

Michigan

FRANCIS S. DRAKE

recommendation of a doctor. I shall in no way become associated with the proposed sanitarium.

N. J.

FRANCES A. DENNIS, R.N.

UNPLEASANT PUBLICITY

DEAR EDITOR: I desire to bring before the nurses and the public the matter of my part in the alleged "cure" of a patient in East Orange, N. J. The public press has circulated a story through which the public has been led to think that the patient was cured of intestinal poisoning in a week by a trained nurse (mentioning my name as Miss A. Dennis), when forty doctors had failed; that it was accomplished through a new treatment originated and applied by me without the advice of any physician, and that he was giving the use of his \$100,000 home in East Orange to be used as a Sanitarium for the treatment of intestinal diseases, in which he proposed to install me in order that many others might have the benefit of my new treatment, and of my application of the same. The facts are as follows: I had the case for treatment, but the treatment was recommended by the patient's physician. The treatments were colonic irrigations, well known to all nurses and physicians, such as I have practiced on prescription of physicians for the past fifteen years. The patient claimed to be relieved of intense headaches after the third treatment. I disclaim any knowledge of "cure" in the case, and his physician has not made any statement that any cure was effected. I accept no such case except on

JOURNALS WANTED OR ON HAND

Subscriptions to the *Journal* are requested for fourteen foreign nurses, students at Bedford College, London, now scattered to their respective countries,—Estonia, Latvia, etc. If any nurse would like to help in the work of nursing education in foreign lands by sending a subscription (\$3.50) to one of these, it will be much appreciated. Or some may like to forward their own copies of the *Journal* each month after reading it. For particulars, address the *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

Ruth E. Hemenway, Marlborough, N. H., has copies of the *Journal* which she will give away if postage is paid: 1920, March through December; 1921, complete; 1922, June through December; 1923, February through May.

Ida E. Shattuck, Pepperell, Mass., has twenty volumes of the *Journals* for sale at \$1 a volume and carriage, 1902-1922, with but two numbers missing (January, 1912, and December, 1917). This is an unusual opportunity for a school wishing to supply its library with a file of the *Journal*.

Almira E. Mackinnon, 5 Beckford Street, Salem, Mass., will give away any of the following list of *Journals* if postage is furnished: 1922, April through December; 1923, complete; 1924, January through September.

PUT YOUR WITS TO WORK

A \$100 liberty bonds is being offered as a prize for the best slogan for the Children's Welfare Federation, by Thomas S. McLane, its President. The present slogan is: "To save children by saving wasted effort," but this is no longer adequate.

Rules for the contest: 1.—The contest is open to all persons interested in children with the exception of the staff of the Children's Welfare Federation. 2.—Contest will open on November 15 and all entries must be in by or before December 15. They are to be mailed to the Extension Secretary, Children's Welfare Federation, at 505 Pearl Street, New York. 3.—No person may submit more than five slogans. 4.—No slogan may contain more than ten words and preferably no more than eight words. 5.—The judges reserve the right not to award in case none of the entries is of sufficient merit. The names of the judges will be announced later.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

31. For good teaching, how many hours should be spent daily in the class room?

Four hours is, in all probability, the maximum time which a teacher can spend daily in the class room and really "teach." Teaching and holding classes are different processes. It must be remembered that this statement, like all others, is subject to qualifications and these qualifications may be roughly classed as follows:

1. The teacher herself.
2. The number of subjects being taught in one day.
3. The type of subject,—whether lecture or discussion or laboratory.
4. The type of student.

32. Is a month with pay vacation given the instructor?

In many institutions, it is.

33. Are Saturday afternoon and Sunday considered free time?

To the best of our knowledge, it is, in some schools. In other schools, the instructor has administrative responsibilities which may occupy one of these days or both.

34. Should there be any ward demonstration? Should they not all be in the class room? Is the work not confined to the teaching of the curriculum and not over-seeing ward work?

Very emphatically do we believe that the work of a teacher should not be confined to teaching in a class room. Demonstrating in the wards the principles taught in the class room and further demonstrating class room demonstrations is one of the richest opportunities for teaching in a nursing school. Teaching the curriculum in any of its parts means teaching in the wards, otherwise the teaching becomes lifeless. This need not necessarily imply responsibility for ward administration. It is making a teaching use of a rich field of observation and practice.

OUR CONTRIBUTORS

Franklin W. Hanger, Jr., M.D., is physician to the School of Nursing of the Presbyterian Hospital, New York.

Elizabeth Upham Davis (Mrs. Carl C.), is Chairman of the School of Nursing Committee of the Columbia Hospital, Milwaukee, Wisconsin.

Sally Johnson, R.N. (See "Our Contributors" for October, 1924).

Ruth A. Wescott, A.B., R.N., received her A.B. degree from Stanford University in 1921; she graduated from the School of Nursing of Stanford University in 1924. She was one of the students attending the summer course which she describes.

Agnes D. Randolph, R.N., has been identified with nursing work in Virginia for many years, though for a short time she was at work in a mining hospital in Arizona and while there helped to start the Arizona State Nurses' Association. She is now President of the Virginia State Nurses' Association.

Harriet L. P. Friend, R.N., is not a new contributor to the *Journal* and her articles on Inspection of Schools of Nursing were widely read. She is now an assistant instructor in the Department of Nursing Education at Teachers' College, Columbia University.

Clara D. Noyes, R.N., is too well known to require further mention. (See *Who's Who*, for December, 1921).

Blanche Pfefferkorn, R.N., B.S., is a graduate of Johns Hopkins Hospital and of Teachers' College, Columbia University. For some years she was Instructor and later Assistant Professor in Nursing and Health in the School of Nursing of the University of Cincinnati. Miss Pfefferkorn is now Executive Secretary of the National League of Nursing Education.

S. Lillian Clayton R.N., B.S., is director of the School of Nursing of the Philadelphia General Hospital and President of the Board of the *American Journal of Nursing*. (See *Who's Who* for February, 1924).

THE AMERICAN HOSPITAL ASSOCIATION

The annual meeting of the American Hospital Association, immediately preceded by that of the Protestant Hospital Association and with collateral meetings of the American Occupational Therapists Association, the American Association of Hospital Social Workers, and the Hospital Dietetic Council, is an exceedingly complex thing, as many-sided and with as many converging and sometimes jostling interests as the hospital itself. The meeting in Buffalo, October 6-10, was attended by some three thousand persons. It was teeming with interest from opening bugle note to the always poignant taps which ended the sessions.

We shall attempt here to summarize only those discussions of immediate interest to nurses. The small hospitals are included obviously because most small hospital superintendents are nurses.

SMALL HOSPITALS SECTION

The small hospitals have sometimes felt overlooked at national meetings. This year they were given the honor place and provided the theme of one of the Monday afternoon sessions, over which Charlotte Janes Garrison presided with charming poise and at which she brought out practical discussion of the papers read. The first of these, Tuberculosis and the Small Hospital, by T. B. Kidner, of the National Tuberculosis Association, emphasized the need for more teaching of the care of tuberculosis. Mr. Kidner believes the attitude of general hospitals toward the tuberculous is indefensible and that teaching hospitals should have wards for these patients and that every general hospital, regardless of size, should devote a definite number of beds to this purpose. Knowledge alone can drive out fear, and workable knowledge can only be obtained by actual observation of patients.

Dr. Denver M. Vickers' subject was "Bringing Metropolitan Services to Small Communities." He advocated the establishment of fifty-bed hospitals in villages so located that a relatively large area might be served, citing one in which the medical organization consists of three groups: (1) the local men who give medical and obstetrical care and do minor

surgery; (2) the consulting staff recruited from the nearest city and having a definite arrangement as to frequency of visits; and (3) younger men living in the hospital and giving full time on salary. The latter could develop the dispensary service that is now looked upon as an essential part of any hospital service.

At the Round Table conducted by Miss G. Gruver of Pine Bluff, Arkansas, Mrs. Blanche Hopper presented the matter of Securing Probationers. This, it was stated, should be done by setting and living up to a standard that will attract students and by the support of the community through suitable publicity. It was later suggested that state organizations might act as clearing houses for the surplus applicants of the more fortunate schools.

Educational Standards for Nurses was the theme of Elizabeth A. Greener's discussion during which she stressed the fact that no hospital has a right to a school unless it can educate the women who come to it. In Miss Greener's opinion, the boards of hospitals should be fully informed by the superintendent of the needs of the school and should expect to work with and to secure help from the State Board of Nurse Examiners.

Most small hospitals are 80 per cent. surgical, said Alice Shepard Gilman, of Albany, who followed Miss Greener; hence, the necessity for affiliation. In elaborating her theme, Miss Gilman contended that serious deficiencies in the service of most hospitals are in nutrition experience and in the care of medical children, statements which lead to the conclusion that special hospitals should be used for affiliations and should not attempt to organize schools of their own.

Miss Gowdy, of Sandusky, Ohio, enumerated the personnel of a sixty-bed hospital having a daily average of 45 patients, as follows: Superintendent of Nurses, 1 night supervisor, 2 floor and 1 operating room supervisors, 1 laboratory technician, and 30 student nurses, 5 of whom should constantly be away on affiliation—a total of 37 in the nursing department. In addition to these, there would be needed 2 persons in the

office and 18 in the housekeeping department, this number to include a dietitian.

"Purchasing" was most ably discussed by E. E. King, of Little Rock, Arkansas, under the familiar headings of "bargain or bid." He offered these suggestions as to the essentials of wise purchasing: (1) Common Sense, (2) Knowledge of stock on hand, of the quantity and durability of the last purchases and the ability of merchants to deliver as specified, (3) Use of tact, not only in dealing with salesmen, but also in filling requisitions.

Mrs. H. M. F. Bowman, of Toronto, has found that the larger the laboratory equipment the larger will have to be the fees. This cost may be met in two ways: by having a fee for each type of service or by making a flat rate for everyone. The latter plan is generous to the less fortunate patient, but there is danger of overworking the laboratory.

Case Records, as discussed by Margaret Rogers of Lafayette, are not a formidable problem, but do require perfect equipment and standardized routine procedure, in order that accurate and truthful records may be assured, and careful filing. A hospital of fifty beds, in Miss Rogers' opinion, requires one record clerk if proper facilities for research, one of the objects for which case records are made, are to be provided.

At a later session, The Future of the Small Hospital was the topic of Dr. B. W. Caldwell's address. Doctor Caldwell believes that although the small hospitals have been helped by the standards of the American College of Surgeons they deserve more help than they are now getting from the American Hospital Association, and that this can best be brought about by a sound program for the training of hospital executives.

THE NURSING SECTION

Jean I. Gunn of the Toronto General Hospital was Chairman of this section and the program was arranged by the Secretary, Shirley Titus, of Milwaukee. Dr. George O'Hanlon, Chairman of the Hospital Association Committee on Budgets, read the report prepared by Elizabeth A. Greener as chairman of a committee of the National League of Nursing Education. Doctor O'Hanlon

gave full credit to Miss Greener for this admirable study which has not only been accepted by the League but has been adopted by its committee. This report may be found in full in the September issue of the *Journal*.

Helen Wood, of Rochester, presented an excellent paper on "To What Extent Should a Hospital Depend on the Students of the School of Nursing for the Nursing Service of the Hospital?" This paper will appear in an early issue of the *Journal*.

The comprehensive discussion of the subject, "The Relationship of the Superintendent of Nurses to the Board of Trustees," appears elsewhere in this issue. It is hoped that this article may be placed in the hands of every member of every committee on schools of nursing.

Elizabeth A. Greener, in her paper on "Is the Preparation of the Student Nurse for Special Branches of Nursing the Responsibility of the Training School?" took the position that inasmuch as no nurse could make use of all the specialties, even though the school of nursing could provide them, it is inadvisable to attempt more than a two-year-and-four-months basic course with sufficient opportunity for putting into practice the theory taught. Miss Greener raised many questions, some of which she believes can not be answered until we reach that golden era in nursing when we shall have "real schools, independent, released from financial or physical obligation to the hospital yet having full opportunity for supervised practice and clinical work in the wards, schools having every educational opportunity and freed from the old die-hard traditions and restrictions that have impeded nursing progress and improvement for so many years."

OTHER NURSING PROBLEMS

There were very few meetings where some phase of nursing was not considered, and naturally so, since the nursing service impinges upon every other department in a hospital. At a Round Table, skilfully conducted by Dr. Joseph Doane, of Philadelphia, Helen Wood dealt with the question of "Ways and Means of Making the Nurse's Three Years of Training More Profitable to Her and to Her Hospital."

Miss Wood summarized her discussion as follows:

(1) Relieve the student of non-nursing work.

(2) Improve the teaching by correlating theory and practice.

(3) Make the word "service" and the care of the individual patient of more worth by teaching public health and community needs along with the care of the individual. This involves giving more social service and out-patient experience, in addition to a high order of bedside nursing.

(4) Develop the case method of nursing care instead of the factory method of piece work which has been developed in an effort to accomplish the work of the world in the shortest possible time.

At a General Session on Thursday morning, Adda Eldredge, President of the American Nurses Association, discussed "The Hospital as a Teaching Center for Nurses," and no paper was more thoughtfully received. Miss Eldredge emphasized the importance of the "unwritten curriculum"—the humanities which are the all important subject and which are taught consciously or unconsciously, by the administrator, his staff, the medical staff, the faculty of the school of nursing, indeed by all those persons with whom the student comes in contact. The subjects enumerated in this curriculum were loyalty, courtesy, kindness, and all those qualities one would wish to see in the ideal nurse. Said Miss Eldredge, "If the nurse of today is commercial, it is because she learned it in the hospital where meticulous care was given to charging the patient for supplies." The student nurse should have no occasion for knowing whether a patient is pay or free, in Miss Eldredge's judgment, and all should receive the same type of nursing. The hospital must remain the teaching center for the school of nursing. There alone can she learn the technic of finished nursing, the coordination of theory and practice, cooperation with other workers, practical sociology and practical psychology, and the prevention of disease. Miss Eldredge closed by saying that the only way to get and keep good women in the profession is by teaching them not only what they do but why they do it and by

preserving and developing the beauty of the life of the spirit.

At the Trustees' Section meeting, Miss Goodrich made a notable contribution by her flashing, versatile and inspirational interpretation of "Hospital Organization from the Point of View of Community Relations." Miss Goodrich conceded that we have the desire, even the will, to cooperate but that most communities have not found a *method of co-operating* and that this must be sought by an investigation of the knowledge which we have. Said Miss Goodrich, "Twenty-five years ago, we would have said that the outstanding contribution of democracy was the little red school house. Today, it is education, but we have not yet more than glimpsed the part hospitals may play in our educational program."

Nurses' Luncheons

Two luncheons were arranged by the Committee on Nursing of which Mrs. Anne L. Hansen was Chairman. Both were "over-subscribed," as the speakers and subjects scheduled aroused much interest. Janet Geister gave a most admirable and comprehensive paper on "The Proper Relationships of Hospitals, Dispensary and Field Organizations."

At the Wednesday luncheon, Dr. Walter S. Goodale, of Buffalo, answered the question, "What is a General Hospital?" stating that if a general hospital is one that treats all diseases, there are not more than a half dozen general hospitals in the United States and Canada. Doctor Goodale made a strong plea for the utilization of all the facilities of any given community for the education of nurses as opposed to long-distance or out-of-state affiliations.

Alice S. Gilman, following Doctor Goodale, stated that failure to utilize potential local teaching material is usually due to lack of funds for proper teaching and supervision. Miss Gilman made some very significant statements about the enrollment of student nurses in the schools of New York State indicating an increase in the number of students entering schools of nursing (110 per cent. since 1920) and further stating that the greatest increase in enrollment is occurring among

students who have had more than one year of high school work.

SOCIAL ASPECTS OF THE CONVENTION

The banquet on the opening night was perhaps the most brilliant ever given by the Association. The Statler ballroom made a fitting background for the handsome gowns of the women, for the geniality of the men, for the atmosphere of good fellowship, that found wholesome expression in the singing of familiar old songs.

Many nurses availed themselves of the gracious hospitality of the New York State Nurses' Association which served tea every afternoon from three to five and there found opportunity for relaxation and for renewal of old acquaintanceships.

REPORTS

No association of which we have knowledge puts out a greater volume of practical ma-

terial in readily usable form. The careful studies made by special committees of such hospital problems as Per Capita Costs, Tentative Schedule of Essentials in a Hospital Approved for Internes, Foods and Food Service, Accounting and Records, Cleaning, Clinical and Scientific Equipment and Supplies, and many more are published by the Association and may be obtained from 22 East Ontario Street, Chicago.

ELECTION

President (Elected at Milwaukee, last year), Mr. E. L. Gilmore, Chicago, Ill.

President elect, Dr. A. C. Bachmeyer, Cincinnati, Ohio; 1st vice president, Robert Jolly, Houston, Tex.; 2nd vice president, Evelyn H. Hall, Seattle, Wash.; 3rd vice president, Dr. N. W. Faxon, Rochester, N. Y.; treasurer, Asa S. Bacon, Chicago, Ill.; trustees, Richard Borden, Fall River, Mass. and Daniel D. Test, Philadelphia, Pa.

MY PLEDGE AND CREED¹

REVERENTLY do I pledge myself to the whole-hearted service of those whose care is intrusted to this hospital.

TO THAT END I will ever strive for skill in the fulfillment of my duties holding secret whatsoever I may learn touching upon the lives of the sick.

I ACKNOWLEDGE the dignity of the cure of disease and the safeguarding of health in which no act is menial or inglorious.

I WILL WALK in upright faithfulness and obedience to those under whose guidance I am to work and I pray for patience, kindness and understanding in the holy ministry of broken bodies.

¹ Prepared and published by the *Modern Hospital* and accepted by the American Hospital Association at the meeting in Buffalo, October 6-10.

TOO LATE FOR CLASSIFICATION

Delaware: THE DELAWARE STATE BOARD OF EXAMINERS FOR THE REGISTRATION OF NURSES will hold the next examination at the Homeopathic Hospital on Monday, December 1, 1924, at 9 a. m. Refer all applications to Mary A. Moran, R.N., Secretary, 911 Delaware Avenue, Wilmington, Delaware, not later than November 20. Applications for nurses wishing to come in by reciprocity will also be considered on the above date.

Louisiana: The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans and Shreveport, December 15, 16, 17, 1924. For further information, address Julie C. Tebo, Secretary, 27 Cusachs Building, New Orleans, La.

Wisconsin: THE STATE BOARD EXAMINATIONS FOR NURSES are to be held in Milwaukee and Marshfield, December 2, 3 and 4, 1924. In Milwaukee the examination will be held in City Civil Service Rooms, Seventh Floor, City Hall; in Marshfield at St. Joseph's Hospital. Adda Eldredge, Director Bureau of Nursing Education.

NURSING NEWS AND ANNOUNCEMENTS

THE AMERICAN NURSES' ASSOCIATION

The attention of the State Associations is called to Article VIII of the Constitution and By-laws of the American Nurses' Association; namely:

"Section 1. The annual dues from each State Association shall be fifty cents per capita.

"Sec. 2. All dues shall be paid in advance not later than January 31 for the current calendar year.

"Sec. 3. Each State Association shall pay dues on the basis of membership the first day of December.

"Sec. 4. State Associations whose dues have not been paid by January 31st shall be notified by the Treasurer and those not paying by March 1st shall forfeit membership.

"Sec. 5. State Associations having forfeited their membership may be reinstated upon the payment of dues for the fiscal year."

V. LOTA LORIMER, Treasurer.

DIRECTORS' MEETINGS

Seven sessions of the Board of Directors were held during the time of the Biennial Convention, the first on June 14 and the last June 23, following the close of the convention. The reports of the different committees were read, all of which were also presented to the delegates. The report of the Special Committee of the New York State Nurses' Association on Amalgamation (a copy of which was mailed to members by the New York State Committee) was carefully considered and it was recommended that any action on this should be deferred until later. At the first session of the Advisory Council, held on June 14, the President presented this question to the members present and the recommendation was endorsed by the Advisory Council. The consensus of opinion was that the three national nursing organizations should make a study of their particular organizations and their relation to each other and then meet with the Special Committee of the American Nurses' Association on Self Analysis, which is composed of the following members: Representing the American Nurses' Association, Adda Eldredge, Chairman; Susan C. Francis,

Carrie M. Hall, Agnes G. Deans; representing the National League of Nursing Education, M. Helena McMillan, Blanche Pfeifferkorn, Laura R. Logan, Carolyn Gray; representing the National Organization for Public Health Nursing, Anne Stevens, Secretary, Elizabeth G. Fox, Mary G. Gardner, Gertrude W. Peabody.

The report of the Special Committee on Legislation will also be found in the copy of the Proceedings. The report of the Headquarters Committee is given in detail in the printed report of the Proceedings which was sent out as a supplement to the August number of the *American Journal of Nursing*.

On account of the expansion of the work of the A. N. A. and the transfer of all the mechanical work of the Treasurer in connection with both the Nurses' Relief Fund and the General Fund, the National League of Nursing Education was asked if it would be willing to exchange office space, as the space occupied by it is almost half as large again as that of the present office of the A. N. A. The League consented to this and the move was made the latter part of September.

In response to a request from Agnes D. Randolph of Richmond, Virginia, the President of the A. N. A. was placed on the list of patronesses of the campaign to raise the endowment for the School of Nursing in connection with the University of Virginia.

A letter from the National Council of Administrative Women in Education was read and the Board recommended that whenever possible nurses apply for membership in the organization.

Ballots for Sections of the A. N. A. were authorized printed and henceforth the election of officers for sections will be made in this form rather than by viva voce vote.

Miss Lorimer, the Treasurer, was authorized to proceed to Headquarters as soon as possible following the Convention to establish the new system of bookkeeping which was authorized by the Board of Directors and she, with the auditor and the bookkeeper at Headquarters, has completed this work.

It was also decided that the tenure of office

of all appointments to the office at Headquarters be for the fiscal year.

The names of the members of the standing committees appointed will be found in the proceedings of the 1924 convention.

As it was not possible to print the proceedings of the Advisory Council, these have been edited by the Publication Committee and are being mimeographed at the Headquarters office. A copy will be sent to the President of each State Association belonging to the A. N. A.

The special committees on Federal Legislation and International Affairs were retained.

In 1923, the Board of Directors made an effort to estimate what it might cost to print the proceedings of the 1924 convention to be distributed to each subscriber of the *American Journal of Nursing*, but it was not until the June meeting that the Board adopted a resolution to underwrite the cost of the proceedings. Although the cost exceeded the amount estimated, it was decided that this was advisable in order to supply the nurses with the reports. The report of the Secretary will also be found in the proceedings.

AGNES G. DEANS, Secretary.

NURSES' RELIEF FUND

REPORT FOR SEPTEMBER, 1924

Balance on hand, August 31, 1924..	\$11,369.62
Interest on bonds	339.63
	<hr/>
	\$11,709.25

Receipts

California: Dist. 1, \$9; Dist. 9, \$54.50; Dist. 12, \$7; Dist. 13, \$4; Dist. 18, \$170	244.50
Connecticut: W. W. Backus Hosp. Alumnae, Norwich	10.00
Illinois: Anonymous	10.00
Indiana: St. Anthony's Hosp. Alumnae, Terre Haute, \$25; Good Samaritan Hosp. Alumnae, Vincennes, \$15; Lutheran Hosp. Alumnae, Ft. Wayne, \$61; 10 individual members, \$33; Dist. 4, 5 members, \$5	130.00
Iowa: Dist. 2, \$94; Dist. 3, \$52; Dist. 4, \$34; Dist. 5, \$93; Dist. 6, \$94; Dist. 7, \$61; Dist. 8, \$32; Dist. 9, \$46; Dist. 10, \$15	521.00

Missouri: State Nurses' Association, \$200; Dist. 1, \$25	225.00
Nebraska: Dist. 1	18.50
New York: Dist. 2, individual member, \$2; Ithaca City Hosp. Nurses Alumnae, \$25; 2 individual members, \$16	43.00
Tennessee: Dist. 1	126.00
Wisconsin: St. Mary's Hosp. Alumnae, Green Bay	10.00
	<hr/>
Total receipts	\$12,056.25

Disbursements

Paid to fifty applicants..	\$778.00
Refunded ¹	25.00
Stationery	28.75
Exchange on checks20
Miscellaneous expenditures	4.00
	<hr/>
Total disbursements	836.85
	<hr/>
	\$12,219.40
Invested funds ²	81,566.14
	<hr/>
	\$93,785.54

V. LOTA LORIMER, Treasurer.

All contributions for the Relief Fund should be payable to Nurses' Relief Fund and sent to the State Chairman; she in turn will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If address of the Chairman of the State Committee on the Relief Fund is not known, then mail checks to the Headquarters' office of the American Nurses' Association, 370 Seventh Avenue, New York. Requests for leaflets should be sent to the Secretary at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

¹ This represents an amount intended by a State Association for dues, but credited to the Relief Fund through misunderstanding.

² It may be noted that the amount of the invested Funds in the report for September, 1924, is less than the amount shown in the August, 1924, report. This is due to the fact that this item is now reported at the cost price instead of the par value as heretofore.

The 1924 edition of the Digest of Laws governing the registration of nurses in the United States is ready for distribution and may be procured for 50 cents per copy from the American Nurses' Association, 370 Seventh Avenue, New York. A few copies of the Proceedings of the Biennial Convention of the American Nurses' Association are still on hand and may be secured by sending 35 cents in postage to the Headquarters of the American Nurses' Association. The Board of Directors of the California State Nurses' Association wishes to withdraw the invitation to the American Nurses' Association to hold the 1928 Biennial Convention in California, in favor of Kentucky.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO OCTOBER 8, 1924

Previously acknowledged	\$28,886.84
Illinois: Fifth Dist. Assn.	5.00
Nebraska: Third Dist. Assn.	10.00
New York: Vassar Brothers Hosp.	
Alumni, Poughkeepsie	20.00
Total	\$28,921.84

(Scholarships are granted from this fund, on a competitive basis, once a year, in the spring. Application blanks may be secured from the Secretary, Katharine DeWitt, 19 West Main Street, Rochester, N. Y.)

THE MCISAAC LOAN FUND

REPORT TO OCTOBER 8, 1924

On hand at last report	\$58.68
Interest	.16
	\$58.84

MARY M. RIDDLE, Treasurer.

No contributions have been received since the last report. The entire fund is loaned at the present time, except the small balance recorded. One student at Teachers College who applied for a loan of \$200 was granted \$100 in September with the promise of the remainder on January 1, if the Fund should be increased. At least \$45 is needed to redeem this promise and leave a small balance in the Loan Fund.

Checks to the two funds should be made out separately, payable to Mary M. Riddle,

Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

ARMY NURSE CORPS

During the month of September, 1924, the following named members of the Army Nurse Corps were transferred to the stations indicated: To Station Hospital, Fort Benning, Ga., 2nd Lieut. Ella Norris; to Station Hospital, Fort Bragg, 2nd Lieut. Minerva O'Neale; to Fitzsimons General Hospital, Denver, Col., 2nd Lieut. Nancy King; to Letterman General Hospital, San Francisco, Cal., 2nd Lieuts. Isabel Berry, Eugenia Y. Bergstrom, Viva B. Brickley, M. Virginia Himes, Madolin E. Milheim; to Station Hospital, Fort McPherson, Ga., 2nd Lieut. Sarah Tilton; Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Eleanor L. Palmer, Isabel F. Kellman. Report of September 6, stating that 2nd Lieut. Maude Moore was under orders for separation from the service, was in error. Miss Moore is on duty at Station Hospital, Fort Sam Houston, Texas.

Orders have been issued for the separation from the service of the following named members of the Corps: Second Lieuts. Harriet E. Aronson, Eileen M. Byron, Irene M. Casper, Margaret Coffman, Mabel Cooper, Vera M. Fisher, Lynn C. Freeland, Marjorie M. Gentle, Zoe Golden, Alma R. Hagen, Lois Hughes, Della D. Jordan, Josephine Kimerer, Melicent E. King, Marie Lorenz, Margaret E. McClendon, Dorothy F. C. Nason, Helena Swyny, Kathleen Swyny.

The response of the enrolled Red Cross nurses throughout the country as reserve nurses of the Army Nurse Corps to the Defense Day Test was truly magnificent. The Surgeon General has expressed his great gratification with the result. He took particular pains to tell General Pershing of the way the nurses all over the country had answered the call.

ARMY SCHOOL OF NURSING

A class of fifty-five students was admitted to the school the first week in October.

The Army School has been greatly honored in having as its guest a distinguished nurse, Ruth E. Darbyshire, Matron of the University

College Hospital, London, who is making a two months' visit to this country at the request of the Rockefeller Foundation. Unfortunately Miss Darbyshire's stay at the Army Medical Center was brief, as she is endeavoring to see many forms of nursing activity and many schools of nursing during her short visit.

JULIA C. STIMSON,
*Major, Superintendent, Army Nurse Corps;
Dean, Army School of Nursing.*

NAVY NURSE CORPS

Transfers: To Boston, Mass., Miss Farmer's School of Cookery Course in Dietetics, Mary J. Miney, Roberta M. Page, Elsie Jarvis, Estelle Harding, Anna P. Smith, Theresa E. Wilkins, Chief Nurse; to Cheba, Mass., Margaret B. Rooney; to Cleveland, Ohio, Lakeside Hospital, Course in Anesthesia, Marilla Berry, Caroline W. Spofford; to Norfolk, Va., Gertrude N. Campbell, Chief Nurse.

Honorable Discharge: Eva R. Dunlap.

Resignations: Francis V. P. Haines, L. Ethel Shanabarger, Carlantha Parks.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

Transfers: To Baltimore, Md., Julia Doyle, Julia Lumpkin; to Boston, Mass., Wilhelmina Hicks; to Fort Stanton, N. M., Martha Hill; to New Orleans, La., Mildred Watkins, Sallie Applewhite; to San Francisco, Cal., Susie Hancock; to Hudson St., N. Y., Ruth B. Chasey; to Gallups Island, Boston, Anna E. Wahn; to Norfolk, Va., Jennie Martell.

Reinstatements: Gertrude Camors, Lura Collins, Florence Knox, Esther Johnson.

LUCY MINICKERODE,
Superintendent of Nurses, U.S.P.H.S.

U. S. VETERANS BUREAU

HOSPITAL SERVICE, Transfers: To Tupper Lake, N. Y., Belle McAtee, H.N., Thelma R. Sieber, Margaret A. Hickey; to Helena, Mont., Johnnie B. Hunter, Sylvia Montgomery; to Beacon, N. Y., Mary Koch, H.N.; to Portland, Ore., Mary Callicotte; to Legion, Tex., Celesta Smith, Alvina Miller, Ida Palsen, Lona Nelson; to Alexandria, La., Ella Barney,

Susan Shipley, Mary E. Townsend, Margaret F. McGibbon, Anna K. Connor; to Camp Kearny, Cal., Elizabeth B. Heinold, Julia Fitzgerald; to St. Paul, Minn., Alice M. Waters; to St. Cloud, Minn., Garcia B. Brown, Asst. C.N., Frances McKenna, Laura C. Spangler, Mary L. Cave, H.N.; to Tucson, Ariz., Ethel Peplinger, Mary Graham, H.N.; to American Lake, Wash., Ethel Carroll, Asst. C.N.; to Camp Custer, Mich., Alice E. Fidian, H.N., Olive Kernan, H.N., Ella Seth, Ruth Schott, Edna Garrett; to Excelsior Springs, Mo., Alice Blake, C.N., Allie Curran; to Oteen, N. C., Mary Joyce, Beatrice Joyce; to Jefferson Barracks, Mo., Anna R. Fisher.

Reinstatements: Carolyn Glickley, Mrs. Jean Hardenbrook, Celia M. Miller, Sarah G. White, Freda E. Becker, Anna P. Kelly, Lela K. Mays, Anna M. Furpass, Ruth Gesaman, Emma Cunningham, Elizabeth Annan, H.N., Mina Layfield, Matilda McCurdy, E. Elizabeth Kirby, Eileen Barrett, Kathryn Milmo, Lucy H. Burke, Bertha M. Bishop, Katherine Werner, Ruth Cottrell, Louise Chandler, Adele Keaton, Aasine M. Olson, Blanche Seay, Linnie Thompson.

DISTRICT MEDICAL SERVICE, Transfers: To Northampton, Mass., Mary Oland; to Rutland, Mass., Mary A. Keegan; to Camp Custer, Mich., Dorothy McDonnell; to Camp Kearny, Cal., Eleanor Olaison; to Perry Point, Md., John Flynn.

Reinstatements: Jessie Gustaf.

U. S. Veterans' Hospital, No. 98, Beacon, New York, was opened for the reception of patients, September 15, 1924. It is expected that the hospital at Camp Custer, Michigan, and U. S. Veterans' Hospital, No. 99, Excelsior Springs, Missouri, will be opened for the reception of patients at an early date. Nurses will be needed to staff all of these hospitals.

The Superintendent of Nurses attended the convention of the Massachusetts State Nurses' Association in Northampton, Massachusetts, October 23-25, 1924.

MARY A. HICKEY,
Superintendent of Nurses.

SPANISH-AMERICAN WAR NURSES

By invitation of the Commander of the Department of Indiana, U.S.W.V., the twenty-third annual meeting of the Spanish-American

War Nurses was held in Michigan City, Ind., at the same time as that of the United Spanish War Veterans, Sept. 8-10, 1924. The opening session was a joint meeting of the United Spanish War Veterans, their Auxillary and visitors. So many happy, earnest words were spoken that the entire morning was taken. As the first session of the Spanish-American War Nurses opened, there arrived, most happily, the Cuban Consul at Washington, Senor Quesada, with greetings from the people of Cuba and a message of gratitude to the nurses who had cared for their sick and needy and, too, had taken part in the organization of the National Department of Health, Cuba's pride today. It was an enthusiastic though not a large group of nurses that met at each day's session and as greetings were received from the veterans who wore the blue and the khaki and from their Auxillary, it was apparent that the "spirit of '98" is unchanged. Officers chosen were: President, Cora G. Taylor; vice presidents, Rose M. Heaven, Dr. Anita N. McGee, Elizabeth Stack, Eliza B. Jones, Genevieve Wilson, Joana B. Casey, Anna H. Epps, Ella B. King, Yasabella G. Waters, Katherine J. Domezee; secretary, Katherine B. Whitmore; treasurer, H. Josephine Shepherd; correspondent, Lena K. Fithian. Among the social features were: A tour of the famous Dunes, a fish dinner in the Peristyle, a military ball, a garden party in Memorial Park, a trip to Gary. Judging from the happy faces of all committeemen, they enjoyed being "in service" again. The Spanish-American War Nurses feel grateful for the courtesies extended to them.

FOREIGN NEWS

England: Olive Bagley of London has been sent to this country by St. Thomas Hospital, on the Fellowship established by Florence Nightingale, to study our method of teaching public health nursing. Miss Bagley will spend four months in Philadelphia before visiting some of our other important public health nursing centers. Her itinerary is being planned by the National Organization for Public Health Nursing.

France: The very great progress in nursing affairs in France since the War is evidenced by the fact that there now exists state regu-

lation for schools of nursing and for individual nurses in that country, with a state-appointed committee for the improvement of nursing, under the Ministry of Hygiene, on which there are such members as Doctor Anna Hamilton, of the Florence Nightingale School at Bordeaux, and Mademoiselle Jeanne de Joannis, of the Rue Amyot School of Nursing in Paris, of which the first nurse member and organizer was Mademoiselle Chaptal, of Paris. Moreover, there has recently been formed an association of graduate nurses (Association des Infirmières diplômées de l'état Français) and also an organization of the directrices of the schools of nursing of France.

Greece: Christine Nuno has returned from Greece, having spent six months in Red Cross service and the last year with Near East Relief. An interest in modern nursing is being roused through the work of American nurses and that of ten Greek nurses who were sent to this country for training. The orphanages conducted by the Near East Relief in Greece have been reduced from 11 to 4 and the graduate nurse staff from 20 to 8. The Greek and Armenian refugee children who were once the victims of trachoma, scabies, fevers and tuberculosis have improved wonderfully. One of the interesting developments of the work in the orphanages has been the organization of a school for nurses, the students being recruited from among the older orphans. This school is directed by Helen Churchill, of Boston, and is affiliated with a private hospital with a good general and a large dispensary service. It is hoped that the interest aroused in nursing through the demonstrations of good public health and institutional nursing by Red Cross and Near East Relief nurses may one day result in the organization of a school of nursing in the University of Athens.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION held its twelfth annual meeting at the Elks Home in Pine Bluff, October 9 and 10. Meeting was opened by a beautiful invocation given by Rev. R. E. Fry. The address of welcome was given by Mayor W. L. Toney, at which time he turned over the key of the city to the nurses for the next three days. The response was graciously made by Olive L. Ainsworth, of Little Rock.

Frances Brink of National Headquarters, New York, gave an interesting talk. The morning session adjourned to have luncheon at the Country Club, given by the Davis Hospital. During the luncheon hour, Dr. Wm. Brathwit of Pine Bluff gave an interesting and inspiring address. At 2 p. m., meeting was called to order at the Elks Home. The members were very fortunate in having with them Agnes Deans, Secretary of the American Nurses' Association. In her address she gave many valuable points as to Association work. Lula McCarver presided at the Private Duty Section, which was held later. An elaborate banquet was given at the Hotel Pines at 8 p. m. by District No. 6 A. On October 10, the morning session was called to order at Elks Home, invocation beautifully given by Rev. Father F. McCool, after which Sister M. DePazzi of Texarkana read with ease a paper, *The Value of the Nurse to an Organization, and Her Value of Coöperation*. Dr. J. S. Jenkins of Pine Bluff rendered an instructive paper, *Standards of Nursing and Nurses' Assistance in Standardization of Hospitals*. At 10:30 a business session, with reports of District presidents and committees, and election of officers. Result of election: President, Eva Atwood, Ft. Smith; vice presidents, Marie McKay, Little Rock and Bertha Hoffman, Hot Springs; secretary Blanche Tomaszewska, Pine Bluff; treasurer, Lillian Atwood, Little Rock. Adjourned to have luncheon at the Baptist Parlors, by the Baptist Ladies' Hospital Auxiliary of Pine Bluff. The afternoon session was called to order at 2:30, a Red Cross Section session, Mary C. Ledwidge presiding. Helen B. Fenton, of St. Louis, represented the Southwestern Division and gave an interesting talk. Board of Nurse Examiners' report given by Eva Atwood, Ft. Smith. After the adjournment of this session, all proceeded to the Business and Professional Women's Club Rooms, where a delightful tea was given by the Club, after which an auto ride over the city, and at 7:30 a theatre party given by District 6-A. This closed the meeting, those in attendance felt that the entire meeting was a success. **THE ARKANSAS STATE PUBLIC HEALTH NURSES** met October 11, in Pine Bluff, holding their sessions at the Elks Club and the Pine Bluff Health Center.

Meeting opened by the Chairman, Linnie Beauchamp, at 9:30 a. m. Invocation by Rev. H. A. Stowell. Helen Fenton, of St. Louis, gave an instructive address. Luncheon was given by the American Legion Auxiliary Unit, Allen Hearin Post No. 32, at the Trinity Hall, during which time Dr. C. W. Garrison, of Little Rock, gave an address, *The State Board of Health and Its Relation to Educational Workers*. At the afternoon session, Dr. A. M. Harding, of Fayetteville, gave an address on *Extension Work of the U. of A., Education and What the Correspondence Courses of the U. of A. Can Mean to Educational Workers*. At 3:30 a reception at the Health Center was given by the Federation of Women's Clubs of the City and County Social Workers. A very interesting address was given by Dr. E. C. McMullin of Pine Bluff on *Jefferson County and the Health Work*. This closed the Session.

California: Los Angeles.—THE LOS ANGELES CLUB HOUSE, 211 S. Lucas Street, was dedicated on July 31. DISTRICT ASSOCIATION No. 5 gave \$1,000 to furnish a living room in memory of Lila Pickhardt and Mrs. Pottenger.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold an examination in Denver, December 2, 3 and 4, 1924, to examine nurses for a license to practice in Colorado. Apply to the Secretary, Louise Perrin, Capitol Building, Denver, Colo. **Denver.**—Afternoon and evening mass meetings were held at the Children's Hospital on October 1st, to discuss the organization of a Nurses' Club and Central Directory. The plan was favorably received and a club will shortly be opened in quarters rented at 1436 Lafayette Street. **THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL FOR NURSES** held a farewell party on July 21, at the Denver General Hospital in honor of Louis Croft Boyd who has left Colorado for an indefinite stay. Speeches were made and a gift was bestowed to show the appreciation of the members for the hard and faithful work Miss Boyd has done for the school and for the nursing profession. At the meeting on September 9, negro melodies were sung which were much enjoyed. At the meeting held on October 14, a talk on the

training school was given by the Superintendent of Nurses, Mrs. Bessie Haskins, and there was inspection of the hospital, as the changes are now completed.

Connecticut: Meriden.—Forty-four mothers have been advised and assisted at childbirth and 68 babies started on the road to healthy living during the first three months' Red Cross Maternity Work directed by A. Elizabeth Bigelow of the Public Health and Visiting Nurse Association. This initial success offers good hope of a wide extension of the work.

Georgia: Savannah.—THE FOURTH DISTRICT NURSES' ASSOCIATION held its first meeting of the season at the Telfair Hospital. Effie Clifton presided. The reports showed that the Savannah nurses ranked second in the number taking part in the Defense Day program, in the Southern Division. Lucy M. Hall was presented with a silver tray by the nurses in appreciation of the work she has done for them.

Illinois: Aurora.—DISTRICT No. 2 held its September meeting at the Aurora Hospital Nurses' Home. Anna L. Davis, Superintendent of the Aurora Public Nursing Association, gave a very interesting talk. Mabel Shields, instructor of nurses at Aurora Hospital, gave a talk on the nurses' institute held each year in Chicago under the auspices of the Illinois League of Nursing Education. Chicago.—Mrs. Theodore B. Sachs, superintendent of the Chicago Tuberculosis Institute, states that the Institute now maintains seventeen health centers and twenty-three public health nurses, financed by the sale of Christmas seals. **Waukegan.**—THE VICTORY MEMORIAL HOSPITAL AND JANE MCALISTER SCHOOL OF NURSING held commencement exercises on September 23, at Memorial Hall, for a class of five.

Indiana: The seventeenth annual meeting of the INDIANA STATE LEAGUE OF NURSING EDUCATION and the twenty-second annual meeting of the INDIANA STATE NURSES' ASSOCIATION took place at the Claypool Hotel, Indianapolis on October 2 and 4. Most of the sessions were well attended. Frank C. Reilly of the Indianapolis Chamber of Commerce gave the address of welcome to the nurses of the State Association. Ina M. Gaskill,

President of the Association, in her address pointed out why all nurses should be pointed out what had been accomplished in the year. The executive secretary, Mrs. Alma Scott, gave a report of the membership campaign, which was one of the outstanding features of the year's accomplishments. Elizabeth G. Fox, President, National Organization for Public Health Nursing, and Director, Public Health Nursing, American Red Cross, Washington, D. C., in her splendid public health nurses. Agnes G. Deans, Secretary, American Nurses' Association, awakened and stimulated real interest by the presentation of the essential points in building an organization. V. Lota Lorimer, Director, Division Public Health Nursing, Ohio State Board of Health, Columbus, Ohio, gave an unusually fine address on The State Nurses' Association and its Responsibility for Public Health Nursing. Other speakers were Isabel Glover, County Nurse, Vermillion County, who in a very graphic and clear-cut way spoke on The Rural Doctor and the Rural Nurse. Two interesting papers were given on Ethical Problems of Private Duty Nurses, by Mrs. Clara Foerster, Fort Wayne, and on Private Duty Nursing, by Florence Fisher, Evansville. Three excellent reports of the meeting at Detroit were given. The report of the Private Duty Section was given by Frances M. Ott of Elkhart. The report of the Public Health Organization was given by Elizabeth Kuradorfer of Evansville, and a summary of the entire convention was given by Lucy Lauman, who was delegate from the State. Edna Hamilton, Superintendent of Visiting Nurses' Association, directed a most interesting and instructive demonstration of the orthopedic work done by the nurses in their work with the crippled children of Indianapolis. While the business meetings were very full, not all time was given over to business. On Friday evening an unusually large group attended the dinner dance which was held in the Riley Room of the Claypool Hotel, and on Saturday the Fourth District entertained most beautifully with a luncheon and a delightful program which was given by the Metropolitan School of Music. The officers for the year are: President, Elizabeth Goepfinger, Crawfordville; vice presidents,

Anna Holtman, Lutheran Hospital, Ft. Wayne, and Fannie Thomas, Rochester; secretary, Flora A. Kennedy, 1723 N. Meridian Street, Indianapolis; treasurer, Mary Elma Thompson, Indianapolis; directors, Ina M. Gaskill, Indianapolis, and Mable McCracken, Evansville. Private Duty Section, Frances Ott, Elkhart, Chairman; Public Health Section, Elizabeth Melville, New Castile, Chairman. **Bluffton.**—THE FIRST DISTRICT ASSOCIATION held its regular meeting on September 13 at the City Library. Rev. T. R. Allston gave an interesting talk on Heart Thinking. The next meeting will be the annual meeting and will be held on November 8 with a noon luncheon at Wolf & Dessauer Auditorium. Requests for reservation (\$1 per plate) should be sent to Mrs. Lottie B. Keller, Lutheran Hospital. Lay people interested in public health will be admitted. Edna L. Foley, of Chicago, will be the principal speaker.

Iowa: THE IOWA STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting, November 18-20, in Des Moines, with a Red Cross meeting on November 17. **Davenport.**—Zenobia Tams, class of 1919, Mercy Hospital, is taking a course at Columbia University, New York; Mary Lawson, class of 1921, is taking a postgraduate course at the Woman's Hospital, New York; Clara Lange, class of 1921, having finished a course at the Lying-in Hospital, Chicago, has accepted a position in that institution. **Des Moines.**—Members of THE SEVENTH DISTRICT NURSES' ASSOCIATION were guests of the private duty nurses of the city at a dinner on October 2. The meeting, which was planned to cooperate with the get-out-the-vote campaign, was a very helpful and interesting one. Isabel McHarg acted as chairman.

Massachusetts: **Lawrence.**—Graduates of the LAWRENCE GENERAL HOSPITAL held a three-day reunion, beginning September 16. After a regular business meeting, on the first day, an address of welcome was given by the Alumni President, Ruby J. Gleason. A social hour and buffet supper followed. The reception and recreation rooms of the Nurses' North Home were brightly illuminated. The

bronze tablet in memory of 27 nurses who served overseas was draped with flags, as were the portraits of two members who have died, Jessie B. Mariner and Mary Bell Barton. Telegrams and greetings were received from absent members and from former superintendents. Guests of honor, former superintendents, were Ida A. Nutter and Jessie E. Catton. The following day an auto ride was enjoyed to places of interest in the city and to the plant of H. F. Hood and Sons Company which was inspected. A picnic was held near their dairy farm in Derry, N.H. In the evening a dinner-dance was held at the Merrimac Valley Country Club. On the third day, a lawn party was given by Mrs. Howe at Andover. Members came from states as distant as California and Georgia. The oldest graduate present was from the class of 1887, while the youngest had completed her training the day before. **Medfield.**—

THE MEDFIELD STATE HOSPITAL held graduating exercises for five members of two classes, 1923 and 1924, on October 14, at the Hospital. The address was given by Dr. Walter E. Fernald; the diplomas were presented by Walter Rapp. A reception and dancing followed the exercises. **Pittsfield.**—

THE HOUSE OF MERCY HOSPITAL celebrated its fiftieth anniversary in September. The hospital was open to visitors all day, many of whom attended the lectures and demonstrations given. The evening was given over to the nurses who were entertained in the Bishop Memorial Building. Many graduates were present, dating back to the second class, that of 1888. Dr. Henry Colt read a most interesting history of the hospital. He paid a fine tribute to Anna G. Clement, Superintendent of the hospital and the school for 25 years, speaking of the high ideals to which she held her students. Miss Clement was not able to be present, but many of the old graduates called upon her. A very enjoyable play was given by the students for the graduates. A reception followed during which the former graduates were happy to meet Miss Peck who has been with the hospital for six months. **Northampton.**—Ruth Colestock has resigned her position as Instructor at The Cooky Dickinson Hospital to take a similar position at the Colorado

General Hospital, Denver. She is succeeded by Helen Rafferty. Clara Dewey has resigned as Assistant Superintendent; Margaret Pederson has accepted the position. **Tewksbury.**—THE MASSACHUSETTS STATE INFIRMARY ALUMNAE ASSOCIATION held its annual meeting on October 3. The officers elected are: President, Catherine G. McKennedy; vice president, Rose G. Dowd; treasurer, Lillian Russell; recording secretary, Mary M. O'Hare; corresponding secretary, Mary H. Johnson. A hope chest was raffled for the benefit of the Alumnae Fund. THE MASSACHUSETTS STATE INFIRMARY graduated 18 nurses on September 24. The address was given by Hon. John Jacobs Rogers. The school pins were presented by Mrs. McDonald, Superintendent of Nurses, and the diplomas by Mrs. Talbot. A reception followed.

Michigan: Marquette.—St. Luke's Hospital Alumnae Association recently entertained the class of 1924 at an over-night camping party at Camp Riley on Lake Superior. The entire student body attended the marshmallow roast held in the evening.

Minnesota: Minneapolis.—THE ALUMNAE ASSOCIATION OF THE SWEDISH HOSPITAL SCHOOL OF NURSING gave a farewell reception for Esther Nelson, class of 1921, on September 18. Miss Nelson sailed for China on October 1; she is the seventh Swedish Hospital graduate to take up missionary work. The Association presented Miss Nelson with a steamer rug. Ida C. L. Isaacson, Superintendent of the School of Nursing, was entertained at a luncheon recently by the Alumnae Association. Miss Isaacson, who organized the training school, is returning as superintendent for the fourth time, after organizing work in hospitals in other parts of the United States. THE NEW ASSURY HOSPITAL admitted a class of twenty-four preliminary students recently bringing the number of the student body to fifty.

Missouri: THE MISSOURI STATE NURSES' ASSOCIATION held its nineteenth annual meeting at the Hotel Muehlbach, Kansas City, October 1-3, with an attendance of 155,—delegates, 36; student nurses, 17. The Wednesday morning session was called to order

by the President, Mary E. Stebbins. The invocation by Dr. Robert Nelson Spencer, pastor of Grace and Holy Trinity Episcopal Churches, was followed by the address of welcome, Hon. Albert I. Beach, Mayor of Kansas City, to which Miss Stebbins responded. The remainder of the morning was taken up with the report of Secretary, Treasurer and chairmen of standing committees, all showing a marked improvement over the previous year's work, also reports from Mrs. Sadie Houseman, delegate to the State Council of Social Welfare, and Jannett G. Flanagan, Secretary of the State Board of Nurse Examiners. A short talk was given by Kate Morrow, of Warrensburg, the first woman candidate for State office in Missouri. John D. Kenderline made a brief explanation of his presence as salesman for the *American Journal of Nursing* and the *Survey* in combination. This was most gratifying to the members of the Journal Committee as it permitted them to attend all sessions of the meeting, Mr. Kenderline being present at the book table at all hours. The Advisory Council met at luncheon with an attendance of forty-two, with three past-presidents, thirty-six alumnae associations, and each of the seven Districts represented. The afternoon program included the following addresses: The Next Best, Carolyn Gray, formerly Dean of Nursing, Western Reserve University, Cleveland, Ohio; Some Orthopedic Knowledge for Nurses, Dr. Robert McE. Shaufler. Both of these splendid addresses were given from notes, the officers regret not having copy for the *Journal*. At 4 p. m., tea was served in the Dining Room of Hotel Muehlbach, the Kansas City Hospital Alumnae Association, hostesses. The evening session was held at Junior College, Anna White, presiding. The entire program was given by the student body of the schools of nursing of Kansas City. The film, *History of Nursing* was shown. Each group of slides representing a period was followed by a tableau given by a group of students, closing with a song to the Missouri Nurses, by all the students. On Thursday, October 2, after the general business was completed, came the Private Duty Section, Louise Wampler, St. Joseph, presiding. The following addresses were given: The Private Duty

Nurse, Dr. Lindsay S. Milne, Kansas City; Function of the Private Duty Nurse, Claribel Wheeler, Superintendent of Nurses, Barnes Hospital, St. Louis; Care of a Diabetic Patient on Insulin, Matilda Klein, St. Joseph. Interesting discussions followed the papers and Miss Klein's paper was discussed freely in the Private Duty Round Table later in the afternoon. The noon hour was spent in various luncheons and Round Table discussions. The afternoon session was in charge of the State League of Nursing Education. Gene Harrison, vice president, presiding. Officers and committee reports were given, also reports of local leagues of Kansas City and St. Louis. A detailed report was given of the Detroit convention by the Delegate. Discussion of Extra-curricula Activities in Schools of Nursing was led by Frances Warner, St. Luke's Hospital, St. Louis. Paper, The Value of the Intelligence Test to Students, was given by Helen Farnsworth, Junior College, Kansas City. Election of League officers was as follows: President, Gene Harrison, St. Louis; vice president, Victoria Smith, Kansas City; secretary, Louise Yale, Kansas City; treasurer, Janet Bond, City Hospital, St. Louis. At 7 p. m. the Second District Association members were hostesses at a most delightful banquet in the ball room of Hotel Muehlbach, Miss Stebbins, presiding. There were 200 nurses present. A delightful musical program was given, followed by an address by D. J. Evans, D.D., of the First Baptist Church. Friday a.m., October 3, routine business was transacted. Mary Stebbins, delegate to the National Child Health Association in Detroit, in 1923, also to the American Nurses' Association, Detroit, 1924, gave a detailed account of both conventions, stressing many points of interest. The following officers were elected: President, Louise Brockman, St. Louis; vice presidents, Mance Taylor of Columbia and Esther H. Dorsch of Kansas City; secretary, Esther M. Cousley, St. Louis; treasurer, Bertha Love, Columbia. The business session closed with an announcement that the Directors had voted that the State Association make two payments of \$25 to complete a scholarship of \$100 in the Phoebe J. Ess Educational Fund of the Federation of

Woman Clubs. The Organization paying \$100 for the Scholarship was privileged to name the Scholarship, which was named Cornelia E. Seeley for one of the pioneer nurses who has been active all the years of the Organization and at present is serving on a Committee writing the History of Nursing in Missouri. This was one of the happiest occasions of the entire meeting. Miss Seeley in her usual retiring modest way was so overcome, it was with effort that she expressed her appreciation. It was a great joy to every nurse present to feel she had a part in honoring one so very worthy and appreciative. Following was a most inspiring address, Relation of Nursing Organization to the Federated Clubs, Mrs. Henry Ess, President of the Missouri Federated Clubs. The motion was carried unanimously that the State Association become a Sustaining Member of the Isabel Hampton Robb Memorial Fund and of the McIsaac Loan Fund, paying \$25 a year to each, with the privilege of increasing the amount when financial conditions will permit. The afternoon session was in charge of the Public Health Nurses' Section. Mary Stephenson, Chairman, presiding. The following addresses were given: Nutrition and Its Relation to Health, Mrs. B. J. Shackelford, Assistant Superintendent of Schools, St. Louis; Red Cross Nursing Activities in Missouri, Olive Chapman, Director of Nursing Service, A. R. C., S. W. Division; reports of Organization of Branch of N. O. P. H. N., Frances V. Brink, Field Secretary, N. O. P. H. N. A business meeting followed with the election of Anna Heiler, Jefferson City, Chairman; Ethelyn Cockrell, Secretary, Trenton. Tea was served by the alumnus associations of Kansas City. In the evening a large audience listened to Edna L. Foley, of Chicago, on Why Education, and to Social Responsibilities of the Nurse, by Wm. A. Lewis, Professor of History, Junior College, Kansas City. Both subjects called forth a general discussion from the floor. Following the announcement that the 1925 meeting would be held in St. Joseph, the meeting adjourned. St. Joseph. — THE FIRST DISTRICT ASSOCIATION held its annual meeting at the nurses' home of St. Joseph Hospital on October 16. The reports of the president,

Rose Hales, and of the secretary, Sallie Bryant, showed the work accomplished during the year which included a revision of the by-laws providing among other things for a central directory. Muriel Gates, chairman of the Eligibility Committee, reported a number of new members. The Noyes Hospital Alumni have 100 per cent., the Methodist and St. Joseph hospitals following closely. Miss Lackland, chairman of the Program Committee gave an outline of the programs that had been presented. Officers elected are: President, Leona Hales; vice presidents, Nannie J. Lackland, Muriel Gates; secretary, Sallie Bryant; treasurer, Lydia Evey, and three directors. The new Board met after the meeting and completed the committee appointments for the year, except those for the Legislative Committee. St. Louis.—Grace Lieurance has resigned as President of District 3, because of absence from the city. Mary Stephenson will act as President.

Montana: THE MONTANA STATE ASSOCIATION OF GRADUATE NURSES held its twelfth annual convention on July 12 at the Commercial Club, Billings. The session was opened with prayer by Rev. Douglas Matthews of St. Luke's Church. J. A. Shoemaker gave the address of welcome. Mrs. Dahl, the President, responded. The morning was given to business, with reports from officers and committees. Districts 1, 2, 4, 5, 6, 8 reported; Districts 3, 7, 9, 11 are not organized; Districts 10 and 12 were not represented. A report by the Secretary showed the good work done in opposing the Reclassification Bill. Mrs. Leslie S. Clarke, President of District 5 and a member of the State Board of Examiners, talked on the present state Registration Law and suggested a revision raising the requirements of applicants to training schools and the inadequacy of the fund provided for the use of the state inspector of training schools. The present fund is \$250 and has its source in the registration fund. Mrs. Clarke suggested that we seek an appropriation from the State. A recommendation was adopted that the state law be amended to read that a two year high school preparation or the equivalent, as standardized by the University of Montana, be required of applicants for nurse's training.

Twelve-hour duty was discussed and a committee was appointed to draw up resolutions for a twelve-hour law, to be referred to the Legislative Committee. A report of the convention at Detroit was given by Miss Kerlee. It was voted to change the name of the Association to Montana State Association of *Registered Nurses* instead of *Graduate*. The question of State Headquarters was discussed, but it was considered impracticable at present. A Round Table discussion was held on the Encouragement of Students to Take up Nursing. Officers elected are: President, F. L. Kerlee, Helena; secretary, Miss Anderson, Billings (later replaced by Frances Vollmer, Helena); treasurer, Mrs. O'Connor, Billings; directors, Miss Friederichs, Helena, Mrs. Dahl, Great Falls, Miss Olson, Butte, Miss Meade, Kalispell, Miss Croteau, Missoula. An invitation to Helena for 1925 was accepted.

Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination November 6, 7 and 8 at the Medical College of the University of Nebraska, Omaha, and at the State House, Lincoln. For information and application address Dr. J. D. Case, Superintendent of the Department of Health and Welfare, State House, Lincoln, Nebraska. Florence Stein, secretary of the Nebraska State Nurses' Association, has accepted a position with the Child Health Demonstration at Mansfield, Ohio. Minne A. Ehrke, of Hastings, was appointed secretary.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its quarterly meeting at the Edward Joaline Home for Nurses, Keene, September 10. The Association was welcomed to Keene by Hon. O. E. Cain, President of the Board of Trustees, Elliott Community Hospital. Dr. Walter H. Lacey of Keene read a paper on Cancer. Mabel Potter of Manchester gave an interesting report of the convention at Detroit. A communication was read, notifying the Association of its membership in the National Council of Women of the United States. The matter of sending a delegate to the International meeting in Finland was discussed. Mrs. Frank A. Wright gave an interesting talk on her recent world tour. After

adjournment of the meeting, the members enjoyed a social hour at the home of Mrs. Wright, Concord.—THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE realized \$21 by an apron sale at the mid-summer meeting. It was decided to begin working for the Service. Plaque. Miss Liberty reported the State meeting held in Concord in June. A delegate was appointed to attend the September meeting in Keene. Two new members were admitted. THE NEW HAMPSHIRE MEMORIAL HOSPITAL ALUMNAE met in September. Plans were made for raising money to provide three blackboards for the class room in the new wing of the hospital. This wing, opened in the early summer, is used for maternity and orthopedic work. It has two delivery rooms, doctors' room, nursery, gymnasium, plaster and operating room. Twenty-five large convenient rooms are attractively furnished and have been well filled all summer. This addition also includes a central steam plant, a laundry, nurses' and maids' rooms, a diet kitchen and stock rooms. The Association gave \$300 toward the building fund in addition to individual gifts of graduates.

New Jersey: Fairview.—The municipal authorities have asked the State Department of Health to assign a child hygiene teacher to inaugurate the continuous child hygiene program in the borough. The program includes the supervision of childhood from the pre-natal period through infancy and the pre-school and school periods to adolescence. This makes the 194th New Jersey community in which the child hygiene work has been initiated and developed under the Bureau of Child Hygiene of the State of New Jersey. Hackensack.—THE HACKENSACK HOSPITAL SCHOOL OF NURSING has an endowment of \$40,000, the gift of Hon. Wm. M. Johnson. Orange.—Maud Gogginheimer, a graduate of Orange Memorial Hospital, has been granted a \$200 scholarship by "The Trained Nurse and Hospital Review." She expects to take a course in Administration at Teachers College.

New York: Buffalo.—Members of the FIRST DISTRICT served tea every afternoon during the meetings of the American Hospital Association, October 6-10. They also

arranged luncheons for the nurses present, with interesting speakers. Ithaca.—THE ITHACA CITY HOSPITAL ALUMNAE held its first meeting on September 19 with a small number present, but just enough to transact business. A class of 22 entered the school of nursing in the fall. They were given a reception at the Delano Home. New York.—THE HOSPITAL FOR JOINT DISEASES opened its new eight-story building on October 5. Dr. Henry W. Frauenthal, the founder, was presented with a golden key. Speeches were made which outlined the history of the hospital, and pledges amounting to \$50,000 were made toward its support. THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL is holding a series of fall conferences open to all hospital people in the vicinity who are interested. Dates and subjects are: Oct. 17, Hospital Standardization, M. T. MacEachern, M.D.; Oct. 24, Public and Private Hospitals, Hon. Bird S. Coler; Oct. 31, Regional Hospital Organizations, John M. Smith; Nov. 7, Necessity for Closer Cooperation between Architects, Hospital Boards and the Nursing Profession, Alice Shepard Gilman, R.N.; Nov. 14, Establishing and Maintaining Proper Relations Between Hospitals and Medical Schools, Charles H. Young, M.D.; Nov. 21, Higher Education in the Nursing Profession, Annie W. Goodrich, R.N. A PRE-NATAL INSTITUTE was held, October 1-10, under the auspices of the Children's Welfare Federation, at which both lectures and demonstrations were given on subjects connected with the health of mother and child. All tickets were quickly sold and requests for a second institute are being received. THE ALUMNAE ASSOCIATION OF THE METROPOLITAN HOSPITAL SCHOOL OF NURSING, WELFARE ISLAND, held a very successful card party at the Central Club for Nurses, on the evening of October 9, forty tables playing. The first meeting of the season of the NEW YORK INDUSTRIAL NURSES' CLUB was held on October 9 at Henry Street Settlement, with Miss Nichols, President, in the chair. An interesting talk on the importance of voting was given by Miss Robinson of the League of Women Voters. The next meeting will be held on November 13. At the September meeting of the BELLEVUE ALUMNAE ASSOCIATION nine members, all of whom are

occupying executive positions, were appointed a committee to represent the Association "in the present crisis of our school." Every Bellevue nurse should stand loyally back of this Committee and of the Board which has done so much to make the school the power it has been since its inception, at this time when abolition of the Board is threatened.

Rochester.—THE GENESSEE VALLEY NURSES' ASSOCIATION held its September meeting in Geneva, at the Nurses' Home of the Geneva Hospital. Bad weather kept many members away, but those who were present greatly enjoyed the interesting program and the hospitality of the Geneva members of the Association.

Saranac Lake.—THE GRADUATE NURSES' ASSOCIATION held its regular meeting at the home of Mrs. J. Wood Price. Plans were made for Donation Day for the General Hospital. A delegate was chosen to the State meeting. A delightful social hour followed.

North Carolina: Asheville.—DISTRICT 1 held a meeting on August 13 at the Nurses' Club, when a report of the convention in Detroit was given by the delegate, Miss Batterham. The September meeting was devoted to discussions in relation to the Defense Day Test. The nurses went on record as favoring the measure, the members all being willing to have their names on the roll. The Chairman-secretary of the Red Cross NURSING SERVICE sent in the following report to the Atlanta Office: Red Cross nurses, 48; graduates, 218; practical nurses, 115; total, 381. A number of Red Cross nurses sent in their names directly to Atlanta. The October meeting was the anniversary of the founding of the State Nurses' Association and was celebrated in a very happy style, contributions being given to the Nurses' RELIEF FUND, amounting to nearly \$100. Two alumnae associations were admitted to membership, the Highland and Appalachian hospitals, making six in all. This district is one of the most active in the state, having twelve regular meetings each year. Asheville was the first to wire a report to the Southern division of the Red Cross, the number of nurses replying to the Defense Day test.

Ohio: THE EDUCATIONAL SECTION OF THE OHIO STATE ASSOCIATION OF GRADUATE NURSES

will hold an institute for principals and instructors in schools of nursing in Campbell Hall, Ohio State University, Columbus, November 12-15. THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held a public health institute in Cincinnati, October 29 and 30.

Cincinnati.—THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL has organized a class in Parliamentary Law. Members of other alumnae associations and Senior classes in the Schools of Nursing were invited to join.

Mansfield.—THE MANSFIELD GENERAL HOSPITAL graduated its first class at the First Congregational Church on September 22. A reception followed in the Margaret Ritter Sterner Home for Nurses. Commencement festivities included a dinner and theatre party given by the special duty nurses, a picnic by the staff doctors, a high tea by Doctor and Mrs. J. L. Stevens, a dancing party by the Staff nurses and a day of pleasure seeking in Cleveland through the kindness of the Board of Trustees.

Oklahoma: THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold an examination on December 4 and 5 at the State Capitol. Applications should be sent to the secretary, Beas Ross, U. S. Veterans Hospital, Muskogee.

Oregon: Portland.—THE MULTNOMAH COUNTY LEAGUE OF NURSING EDUCATION held a meeting on September 24, at the St. Vincent's Hospital School of Nursing with four Sisters as guests. Sister Gabriel, Supervisor of Schools of Nursing for the Sisters of Providence in the Northwest, spoke on The Place of the Study and Application of Psychology in the Training of the Nurse. A full discussion followed and a social hour concluded the meeting during which an entertainment was given by Senior students.

Pennsylvania: Allentown.—THE NURSES' ALUMNAE ASSOCIATION OF THE ALLENTOWN HOSPITAL held its annual meeting on October 6 at the Nurses' College. Annual reports were given and the following officers were elected: President, Edith Davis; vice president, Gertrude Kline; secretary, Elsie Whitstone; treasurer, Mrs. Alberta Kern Bress; treasurer Nurses' Room Fund, Mrs. Elsie Reinert Snyder; and three directors. A favorable

report was given by Anna Frankenfield from the Committee to arrange with the Hospital directors for setting aside a room for the use of nurses on special duty. A committee was appointed to arrange for the annual card party and dance in December. Three new members were admitted from the class of 1924. **Clearfield.**—THE CLEARFIELD HOSPITAL ALUMNAE has received the sum of \$65 for the endowment fund as a result of a food booth conducted by some of the faculty members during County Fair week. Seventy-four dollars was realized from a card party held at the Nurses' Home in September. **Philadelphia.**—The opening exercises of the SCHOOL FOR TEACHING PRELIMINARY COURSES IN NURSING EDUCATION were held in the Auditorium of Drexel Institute on September 30. Arthur A. Fleisher, Chairman of the Executive Committee, presided. Dr. K. G. Matheson, President of Drexel Institute, gave a most cordial greeting to the students and Mabel F. Huntly, Director, gave a report of the work of the school. Mary M. Roberts, Editor of the *American Journal of Nursing*, addressed the class. One hundred and ten students from nine schools are enrolled. The students come from seven states. The school requires two years of high school, but seventy-two of the students presented full high school credit. The annual meeting of the NURSES' ALUMNAE ASSOCIATION OF THE SAMARITAN HOSPITAL was held in the Nurses' Home, September 30. The attendance was large. Reports of committees showed an active interest in the work. Report of the Detroit Convention by Elizabeth Miller was very interesting. Five delegates were chosen to attend the State meeting. Officers elected are: President, Agnes D. Baumann; vice president, Edna L. Moore; secretary, Jessie M. Rowe; assistant secretary, Jeanette Walters; treasurer, Maud E. LeVan. Suggestions were made for the Annual Bazaar. The Association has 126 members in good standing, 94 being resident members. The average attendance at meetings has been 26. THE PHILADELPHIA GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting, October 6, when Sarah Warimuth gave a most interesting report of the Detroit convention. The Association voted to send the President of

the Senior class and the President of the Student Government Association to the State convention at Reading. **Pittsburgh.**—STUDENT NURSES OF THE PRESBYTERIAN HOSPITAL have presented to the Chairman of the Training School Committee one year's subscription to the *American Journal of Nursing*. At the October meeting of the NURSES' ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL, held at the Hospital, Miss McMichael, one of the representatives at the National Convention, Detroit, gave a very interesting report, and Miss Sacks gave a report from a student's point of view, of the same convention, which proves beyond any question of doubt, that conventions are helpful to both graduates and students; they made every member present feel that we must have representation at every convention in the future. Two delegates were chosen for the State meeting at Reading.

South Dakota: Chamberlain.—A class of five nurses graduated from the Chamberlain Sanitarium and Hospital Training School on September 7. The commencement address was delivered by Elder Charles Thompson of Minneapolis, Minnesota. Dr. R. A. Crawford presented the diplomas. On September 8, the Alumnae Association entertained the graduating class at a reception. After the program a social hour was enjoyed. The school was presented with a beautiful present by the graduating class.

Tennessee: THE TENNESSEE STATE NURSES' ASSOCIATION held its nineteenth annual meeting at the Hotel Claridge, Memphis, October 6 and 7. The Monday morning session was opened with an invocation by Dr. C. H. Williamson. The address of welcome was given by Mayor Rowlett Paine. The rest of the morning was occupied by the President's address and by reports of officers and committees. At noon a luncheon was given by the alumnae associations of the Baptist, Memphis General, Methodist and St. Joseph's hospitals. The afternoon program was as follows: Some Essentials To Be Considered in Building an Association, Agnes G. Deane, Secretary of the American Nurses' Association; The Private Duty Nurse and What She Should Bring to Her Patient,

Hazel Goff; What Nursing Education Has Contributed to the Better Care of the Sick, John M. Maury, M.D.; The Contribution of Nursing to Public Health, Newton Stearns, M.D.; The Relation of Diet to Preventive Dentistry, Dr. L. J. McRae, M.D.; Nurses as Anaesthetists, R. L. Sanders, M.D. In the evening a banquet was held at which more than 150 doctors, nurses and lay people were present. Addresses were given on The Present Nursing Law, Abbie Roberts, Peabody College, Nashville; What the Tennessee Legislature Has Tried To Do for the Nursing Profession, Walter Chandler; The Nursing Board under the Commissioner of Education, P. L. Harned, Commissioner of Education, Nashville. C. P. J. Mooney, Editor-in-chief of the *Commercial Appeal*, gave a toast, To the Nurses. On Tuesday morning the program included: The American Red Cross, Miss Myers; Tuberculosis, J. J. Durrett, M.D.; Toxin-Antitoxin, E. C. Mitchell, M.D.; Tuberculosis in Tennessee, Natalie Flews; Hospital Administration, Henry Hedden, M.D.; Service, Nell Taylor. Section meetings were held in the early afternoon. The members thoroughly enjoyed having Miss Deans and Miss Brink from National Headquarters with them. A State League was organized with Lena Lyons, of Memphis, chairman, and Mrs. C. E. Ferree, of Chattanooga, as secretary. Officers of the State Association are President, Mrs. George Blair, Knoxville; vice presidents, Mrs. C. E. Ferree, Chattanooga, and Fanny Walton, Nashville; secretary, Dixie Sample, Memphis; treasurer, Mrs. H. Hathcock, Knoxville. Committee chairmen are: Ways and Means, Abbie Roberts, Nashville; Nominating, Della Boylston, Nashville; Publicity, Marie Peterson, Memphis; Nurses' Relief Fund, Mrs. Ben Beall, Chattanooga; Revision, Elsie Russ, Nashville; Arrangements and Program, Mrs. S. I. Bolton, Nashville. Knoxville. —THE KNOXVILLE REGISTERED NURSES' ASSOCIATION recently entertained the senior nurses from the three training schools; Knoxville General, Fort Sanders and Riverside Hospitals. Tea was served at the Blue Triangle Tea Room. THE KNOXVILLE REGISTERED NURSES' ASSOCIATION held its annual meeting on September 13.

Virginia: Natalie Curtis, Sheltering Arms

Hospital, Richmond, has accepted the office of secretary of THE VIRGINIA STATE NURSES' ASSOCIATION to succeed Alice Dugger. Leesburg.—THE LOUSBOUN COUNTY HOSPITAL held graduating exercises for a class of 2, on September 19 in the High School auditorium. The diplomas were presented by Dr. Joseph Rogers of Washington, D. C. The address was given by Mayor C. F. Harrison. On the 22d, a banquet was given by the Ladies' Board to the graduates, students and alumni.

West Virginia: THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its eighteenth annual meeting Sept. 25-27 at the Kanawha Hotel, Charleston. It was the largest and most enthusiastic meeting of nurses ever held in West Virginia. The guests were: Helen F. Greaney, Private Duty section of the A. N. A.; Elizabeth G. Fox, National Organization for Public Health nursing; Frances Brink, Field Director of Public Health nursing; Malinde Havey, Director of Nursing, A. R. C.; Agnes D. Randolph, President, Virginia State Nurses' Association; Dr. June Hull, Director of Child Hygiene, of Washington, D. C.; Dr. W. S. Rankin, North Carolina State Health Commissioner. The social part of the program was one of the fullest—and very entertaining, with a luncheon Thursday, at the Hotel Ruffner, given by the Lion's Club of Charleston; a ride by the Charleston Automobile Club; a tea at the new Charleston General Hospital given by Doctor and Mrs. J. E. Cannaday; and a dinner dance at the Elks Club, with over 300 present. The following program was carried out: Thursday, September 25, Business Session. Afternoon, Superintendents' Session, Vesta V. Reid, presiding. Address by Dr. W. S. Robertson; The Future of Nursing, Oscar Biern, M.D.; Some Advantages of Training in a Small Hospital, Elizabeth W. White; Every-day Training Problems, Anna H. Bessler; The Preliminary Course, Nell Robinson; Borderline Pupil Nurses, Mrs. M. McIntosh Noel; Care of Pre-School Children, Leah Haynes; Training School Problems, Eleanor D. Koch; Difficulties in Securing Pupil Nurses, Mary M. Hudson. Friday, September 26: Morning, Public Health Session, Julia Mellichampe presiding. Round Tables conducted by Miss



GROUP OF THOSE IN ATTENDANCE AT INSTITUTE FOR NURSES, MILWAUKEE, WISCONSIN,
AUGUST, 1924

Havey and Mrs. Burnham; invocation, Rev. Ernest Thompson; greeting, Dr. W. T. Henshaw; What Is a Full Time County Health Unit? M. V. Ziegler, M.D.; address by Dr. June Hull. Afternoon: Address by Dr. W. S. Rankin; Broad Horizons, Agnes D. Randolph; Round Tables on Publicity conducted by Calvert S. Estill and Herbert Pfahler. Saturday, September 27, Morning, Private Duty Session. Private Duty Round Table, conducted by Mrs. Madden; invocation, Rev. Father Ferdinand; Address by Miss Greaney; Care of Children, M. F. Peterson, M.D.; Address by Ex-Governor McCorkle. Afternoon: What Women Can Do by Coöperation, Mrs. H. D. Rummel; Obstetrics, Eva Morley; Basis of Professional Ethics, Sylvia Brake; The High Calling of the Trained Nurse, Ethel Giannini. Officers elected were: President, Mrs. Kathryn Trent, Charleston; vice presidents, Mrs. Jean T. Dillon, Charleston, Blanche Young, Martinsburg; secretary-treasurer, Mrs. Annie Magee Madden, 1411 Virginia Street, Charleston. The place of the next meeting will be Clarksburg, Charleston. THE CHARLESTON GENERAL HOSPITAL ALUMNAE ASSOCIATION held a meeting on October 7, and the following were elected officers: President, Mrs. Anna McGee Madden; vice

president, May Sydenstricker; secretary-treasurer, Helen Eggleston.

Wisconsin: THE WISCONSIN STATE LEAGUE OF NURSING EDUCATION held an Institute for Nurses in Milwaukee, August 11-15, with the following program: August 11, Nursing Education as a Community Responsibility, Dr. G. C. Ruhland; Teaching Nursing Principles and Methods, Lenore Bradley, Ford Hospital, Detroit, Mich.; The Educational Aspect of Nursing, R. C. Cooley, Director Milwaukee Vocational School; Teaching and Learning, D. L. John; Teaching Nursing Principles and Methods, Miss Bradley. August 12, Teaching, two lectures, Miss Bradley; Psychiatric Nursing, Mae Kennedy, Chicago; Teaching and Learning, Mr. John. August 13, Psychiatric Nursing, two lectures, Miss Kennedy; Teaching, two lectures, Miss Bradley; Teaching and Learning, Mr. John. August 14, The Prospect of Central Schools in Wisconsin, Ethel Odegard; Psychiatric Nursing, two lectures, Miss Kennedy; Teaching and Learning, Mr. John; Drugs and Solutions, Stella Ackley. August 15, Head Nurse Conferences, Miss Odegard; Drugs and Solutions, Miss Ackley; Teaching and Learning, Mr. John; Pediatric Demonstrations at Milwaukee Children's Hospital.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold examination at Cheyenne, Wyo., December 1, 2, 3, 4, 1924. All applications to be filed with the Secretary ten days before examination. Mrs. M. C. Olsen, Secretary, 3122 Warren Avenue, Cheyenne.

MARRIAGES

Nelda Lou Bader (class of 1924, Wesley Hospital, Wichita, Kans.), to Floyd Quinlisk, August 15. At home, Wichita.

Helen Virginia Bennett (class of 1922, Philadelphia General Hospital, Philadelphia), to Walter John Maloney, September 17.

Sue Whayland Carter (class of 1920, Peninsula General Hospital, Salisbury, Md.), to H. Merrill Murphy, V.M.D., August 27. At home, Salisbury.

Beatrice I. Day (class of 1922, Faulkner Hospital, Jamaica Plain, Mass.), to Elmer F. Fry (class of 1921, U.S.N.H.C.), September 28. At home, Signal Hill, Calif.

Dora Eldridge (class of 1924, Lutheran Hospital, Fort Wayne, Ind.), to Rabie D. Sliger, August 26. At home, Garrett, Ind.

Dora Eoffe (class of 1923, West Ellis Hospital, Chattanooga, Tenn.), to C. W. Baun, September 2.

Eather N. Erickson (class of 1916, McKeesport Hospital, McKeesport, Pa.), to Harry G. Fawcett, September 4. At home, Gary, Ind.

Hazel Gregarius (class of 1923, St. Luke's Hospital, Davenport, Iowa), to William Ehlers, August 15. At home, Davenport, Iowa.

Hannah H. Haddock (class of 1913, Protestant Episcopal Hospital, Philadelphia), to James Pollock, August 15. At home, Doylestown, Pa.

Adelaide M. Haehnle (class of 1915, St. Luke's Hospital, Bethlehem, Pa.), to Robert H. Schick, October 9. At home, Bethlehem.

Mary Ellen Heinrich (Superintendent of Toumey Hospital, Sumter, S. C.), to John William Jackson, August 4. At home, Darlington, S. C.

Ronnie Helble (class of 1923, St. Luke's Hospital, Davenport, Iowa), to W. A. McCul-

lough, September 11. At home, DeWitt, Iowa.

E. Alice Howell (class of 1924, Methodist Episcopal Hospital, Brooklyn, N. Y.), to Malcolm Dailey, in September.

Flora Jordan (class of 1923, Wesley Hospital, Wichita, Kans.), to Elmer McKay, August 15. At home, Wichita.

Margaret Kelley (class of 1912, Methodist Episcopal Hospital, Philadelphia), to Earl Ellis, in August.

Sophia Kleinmuth (class of 1914, Lutheran Hospital, Ft. Wayne, Ind.), to Marvin E. Meyers, August 29. At home, Olean, N. Y.

Mildred Knight (class of 1918, Allegheny General Hospital, Pittsburgh, Pa.), to Paul E. Hill, Sept. 2. At home, Meadville, Pa.

Gladys C. Lamarche (class of 1920, Metropolitan Hospital School of Nursing, Welfare Island, N. Y.), to B. Richard Kelly, M.D., August 26. At home, Albany, N. Y.

Margaret McGrath (class of 1920, Wilmington, Homeopathic Hospital, Wilmington, Del.), to C. E. Longshore, August 30. At home, Kane, Pa.

Bertha E. A. Monsees (class of 1924, Methodist Episcopal Hospital, Brooklyn, N. Y.), to E. Rikert, in September.

Nan Nelson to Phil Kent, September 3. At home, Cody, Wyo.

Ruth Ohs (class of 1921, Clearfield Hospital, Clearfield, Pa.), to William Heck, October 4. At home, Clearfield, Pa.

Margaret Rudd (class of 1909, Metropolitan Hospital School of Nursing, Welfare Island, N. Y.), to A. J. Alexander, September 24. At home, Los Angeles, Calif.

Sadie Sampson (class of 1923, Moe Hospital, Sioux Falls, S. D.), to Elmer Carhon, September 24. At home, Spencer, Iowa.

Margaret Stankopf (class of 1918, Lutheran Hospital, Fort Wayne, Ind.), to Homer Adams, September 1. At home, Kendallville, Ind.

Emma Sydeman (class of 1919, Worcester Memorial Hospital, Worcester, Mass.), to W. B. Hair, M.D., September 6.

Anna A. Thompson (class of 1922,

Methodist Episcopal Hospital, Brooklyn, N. Y.), to Otto E. Johnson, in August.

Mae Wilkinson (class of 1921, Clearfield Hospital, Clearfield, Pa.), to Percy Steinbeck, October 1. At home, Pittsburgh, Pa.

Pearl H. Zimmerman (class of 1918, Metropolitan Hospital School of Nursing, Welfare Island, N. Y.), to George C. Britting, September 27. At home, Brooklyn, N. Y.

DEATHS

Alice E. Baird (class of 1916, Rutland Hospital Training School, Rutland, Vt.), on February 28. Miss Baird entered the Red Cross service in March, 1918. She sailed from New York in April and upon her arrival in France served at Blois and at Tours, where she remained for eighteen months. In August, 1919, she returned to the United States and remained in service. She was transferred to U. S. Marine Hospital, Ft. McHenry, Md., U. S. Veterans' Bureau Hospital, No. 10, Key West, Fla., and to Marine Hospital No. 82, where she remained until her death during an operation for general peritonitis. Burial was at Chittenden, Vt. Miss Baird was a member of Martin Rowe Post of the American Legion, of Rutland, Vt., and was the first Red Cross nurse to volunteer from Vermont.

Anna Dean, class of 1892, Allegheny General Hospital, Pittsburgh, Pa., at her home, St. Clairsville, Ohio, October 5. Miss Dean had been in poor health for a number of years and her death came as a relief to her suffering.

Mrs. Frank Cook (Ruth I. Hadcock, class of 1895, The Grace Hospital, Detroit, Mich.), on July 4, at Simcoe, Ontario, of typhoid fever.

A. Maud Haynes (class of 1905, Samaritan Hospital, Philadelphia), on September 8,

at Clearfield Hospital, Clearfield, Pa., following an operation for duodenal ulcers. Miss Haynes was a very successful private duty nurse, was very lovable and made friends wherever she went. She was an active worker in her alumnae association, having greatly helped in paying off the endowment and refurnishing the room, and in all enterprises for the hospital. Her death is a great loss to the profession as well as to her friends.

Lena Mae Johnson (class of 1916, Ithaca City Hospital, Ithaca, N. Y.), on August 19. Miss Johnson did institutional work after her graduation. She had been confined to a tuberculosis hospital at Oteen, N. C., for the past two years. She was a faithful and conscientious nurse and will be greatly missed by all who knew her.

Jessie E. Leach (class of 1914, Metropolitan School of Nursing, Welfare Island, New York), on August 3, at Samaritan Hospital, Brooklyn, N. Y. After her graduation Miss Leach did private nursing. She was charge nurse at the Metropolitan for a time and was Superintendent of Nurses at Samaritan Hospital at the time of her death. Miss Leach had made for herself an enviable reputation and her death is not only a loss to her friends, but to the profession as well.

Edna Mienke (class of 1920, Asbury Hospital, Minneapolis, Minn.), recently, at Glen Lake Sanitarium, Minnesota.

M. Elizabeth Taylor (class of 1902, Chicago Baptist Hospital, Chicago, Ill.), on June 13. Miss Taylor did private duty nursing and was an unusually well beloved and successful nurse. She was taken ill with pneumonia at Raleigh, N. D., while taking care of her sister and death occurred after a brief illness, at Mercy Hospital, Chicago. A host of warm friends mourn her loss.

"Only a sweet and virtuous soul.
Like seasoned timber never gives;
But though the whole world turn to coal,
Then chiefly lives."

—George Herbert

BOOK REVIEWS

FUNDAMENTALS OF CHEMISTRY. By L. Jean Bogert, Ph.D. 324 pages. Illustrated. W. B. Saunders Co., Philadelphia. Price, \$2.75.

In *Fundamentals of Chemistry*, by Dr. L. Jean Bogert, we have certainly the most important and usable text in chemistry for nurses that has yet appeared in the field.

A recital of the general content would for the most part serve only as evidence that the usual and unavoidable fundamentals appear for discussion with only minimum departures from conventional selections for treatment in texts of this order and purpose. The outstanding differences, therefore, between this text and others in the field consist largely in the method of treatment of the various phases of the subject as well as in the general style of presentation and point of view.

Some entire chapters and parts of others are nothing short of masterly in content and style and almost lead one to an enthusiastic "Bravo" in the satisfaction over the fact that at last these subjects have found such splendid expression. In this connection might be mentioned the introductory chapter, the chapters on the chemical equation and energy, also the one on uses of inorganic salts in the body. Then there is the material on colloids,—a dangerous subject which lends itself with difficulty to simple treatment, but one of such fundamental importance as to dare the courageous to make an attempt at presenting some of its elementary aspects. Doctor Bogert has more than justified her excellent attempt.

On the other hand it must be ad-

mitted that there are some disappointments which are more outstanding because of their projection against so much that is so well done. For instance, there is something to be desired in the presentation of valence with its explanation in the electron theory; also, acids, bases, and salts are distinctly worthy of greater elaboration. It would likewise have been a gratification to watch a closer linking between the chapter on organic compounds and the one on metabolic changes in the body, by way of calling more attention to the expected changes in characteristic organic groupings in the oxidative processes leading to the results of partial and complete oxidation acts. However, these are disappointing in degree only, because, even so, the accomplishment in these directions is comparatively well done and decidedly in the right direction.

It is a noteworthy fact that the sequence followed in logical arrangement of subject matter is quite a departure from the usual conventional method. Just why the chapter on acids, bases and salts, for instance, should precede those on the discussion of chemical change, oxygen and hydrogen, is not clear. But this is of little consequence and has no effect on the value of the book.

The subject matter of the text has been planned for a course of sixty hours. However, as suggested by the author in the introduction, for a shorter course certain chapters (13, 14, 21 and 24) can be omitted. Chapters 12 and 22 can also be added to this list, inasmuch as the subjects involved are treated in courses in *Drugs and Solutions* and

Physiology. The chapter on Periodic Law seems entirely out of place in a text of this scope.

The point of view is gratifyingly of a maturity commensurate with that of the young women for whom it is intended. It is always unfortunate to have a text that is lacking in intellectual challenge.

CHARLOTTE ANN FRANCIS,
Teachers College, New York City.

BACTERIOLOGY FOR NURSES. By Mary A. Smeeton, B.Sc., R.N. Reviewed and rewritten. 324 pages. Illustrated. The Macmillan Company, New York. Price, \$2.60.

The first edition of Smeeton *Bacteriology for Nurses* appeared in 1920 and met with immediate success and popularity in the field of nursing education. The experience of the author as nurse, teacher, and practical bacteriologist has enabled her to produce a text which meets in every way the needs of the student of bacteriology during her hospital experience and furthermore provides the wider knowledge which is essential to her later work in Public Health and Preventive Medicine. The text is divided into three parts: the first is an introduction to the whole microscopic world, and shows bacteria in their relation to other micro-organisms; the second part portrays bacteria in the role of disease producers; the third deals with individual pathogenic organisms and the conditions they produce. Although the emphasis must necessarily be placed on the study of the pathogenic organisms with which the nurse is most concerned, an effort has been made to show that these organisms are comparatively few, and that by far the greater

number are working toward beneficent ends.

In the new edition, the scope and arrangement are essentially the same, but the whole book has been revised in accordance with the latest findings in bacteriological research. New material has been added on the subject of culture media, bacteriological examinations, certified milk, and on the streptococci, and the influenza bacillus. The chapter on anaphylaxis has been entirely rewritten. Laboratory procedures are described in detail and the entire subject matter is presented in a clear and interesting manner which makes this new edition one of the best text books in Bacteriology that have yet appeared.

EDITH P. BRODIE, R.N.,
*Washington University School
of Nursing, St. Louis.*

NURSING EDUCATION AND THE MENTAL HOSPITAL. By William L. Russell, M.D. National Committee for Mental Hygiene, 370 Seventh Avenue, New York. Price, \$10.

A thoughtful discussion from the medical point of view of the "Rockefeller" Report on Nursing and Nursing Education in the United States, insofar as it deals with the problem of nursing and preparing nurses for mental cases.

THE NATIONAL HEALTH SERIES. Twenty health books edited by the National Health Council. Funk & Wagnalls Company, New York. Price, \$6 for the series; 30 cents each.

The titles and authors of the books comprised in this series are: *Man and the Microbe*, C. E. A. Winslow; *The Baby's Health*, Richard A. Bolt, M.D.;

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Nurses will find these inexpensive little books exceedingly valuable aids. The information is accurate and up to date. In addition to supplementing, in many instances, the nurse's own knowledge, they may safely be put in the hands of parents and others who really "want to know."

BOOKS RECEIVED

ACUTE CASES IN MORAL MEDICINE. By Edward A. Burke. The Macmillan Company, New York City. Price, \$1.25.

HALLIERE'S POPULAR ATLAS OF THE ANATOMY AND PHYSIOLOGY OF THE MALE HUMAN BODY. By H. E. J. Biss, M.D. Third Edition. Illustrated. William Wood and Co., New York City. Price, \$2.

THE COMMONWEALTH FUND PROGRAM FOR THE PREVENTION OF DELINQUENCY. The Joint Committee on Methods of Preventing Delinquency. 16 pages.

A PRACTICAL MEDICAL DICTIONARY. By Thomas Lathrop Stedman, M.D. Eighth

Edition. William Wood and Co., New York City. Price, \$7.50.

HEALTH TRAINING IN SCHOOLS. A Handbook for Teachers and Health Workers. By Theresa Dansill in consultation with Charles M. DeForest. 405 pages. National Tuberculosis Association. Price, \$1.

THE HOSPITAL SITUATION IN GREATER NEW YORK. The Public Health Committee of the New York Academy of Medicine. 356 pages. Illustrated. G. P. Putnam's Sons, New York City. Price, \$5.

A valuable compilation and interpretation of the statistics for New York.

MATERNITY NURSING IN A NUTSHELL. By Elizabeth H. Wickham. 167 pages. Illustrated. F. A. Davis Co., Philadelphia. Price, \$1.50.

MEDICAL AND SANITARY INSPECTION OF SCHOOLS. By A. W. Newmayer, M.D. 462 pages. Second Edition. Illustrated. Lea and Febiger, Philadelphia. Price, \$4.

METHODS IN MEDICINE. The Manual of the Medical Service of George Dock, M.D. By George R. Herrmann, M.D. 521 pages. Illustrated. C. V. Mosby Co., St. Louis.

MODERN METHODS OF TREATMENT. By Logan Clendinning, M.D. 692 pages. Illustrated. C. V. Mosby Co., St. Louis. Price, \$9.

PHYSIOTHERAPY TECHNIC. By C. M. Sampson, M.D. 85 illustrations. C. V. Mosby Co., St. Louis. Price, \$6.50.

PRACTICAL CHEMICAL ANALYSIS OF THE BLOOD. By Victor C. Myers. Second Edition. C. V. Mosby Co., St. Louis. Price, \$5.

A TEXT-BOOK OF MATERIA MEDICA FOR NURSES. By George D. Paul, M.D. Fourth Edition. 350 pages. W. B. Saunders Co., Philadelphia. Price, \$1.75.

THREE PROBLEM CHILDREN. Narratives from the Case Records of a Child Guidance Clinic. Publication No. 2. Joint Committee on Methods of Preventing Delinquency. New York City. 146 pages. Price, \$1.00. 50c each for 10 or more.

TREATMENT OF THE COMMON DISORDERS OF DIGESTION. By John L. Kantor, M.D. 245 pages. Illustrated. C. V. Mosby Co., St. Louis. Price, \$4.75.

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